MARGIN RESERVED FOR BINDING

V. S. Mo. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 03600
1. PLACE OF DEATH	(210-m)
County allegany, WITHIN CORPO	PRATE LIMITS Registration Dist. No.
Village or City Combuland	No. allegame Hole to 4 Ward
Clf	death occurred in a hospitation institution, give its NAME install of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?wrs,mos ds.
2. FULL NAME Wonald Paymor	d allright.
(a) Residence: No. Persey (Usual place of abode)	St., Ward. Redgley of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21 - 193 2
Sa. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
not ill there about	Upr. 2/, 1932, to Mo: 11, 1932,
6. DATE OF BIRTH (month, day, end year) Nov 12 month?	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
3 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	101
SAWYER, BOOKKEEPER, etc.	Depuser fraglus
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	1 1 Sheel
O 10, Oate deceased lest worked et 11. Total time (years)	A
this occupation (month and spent in this occupation	Assed our hour.
12 BIRTHPLACE (city or town) West Va	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) - / / / / / / / (State er country)	
13. NAME Edward altreat	M
13. NAME Edward Wifteght 14. BIRTHPLACE (city or town)	Name of operation Date of San
(State or country) West va	What test confirmed diegnosis? Wes there an autopsyl
15. MAIDEN NAME milled Gease	23. If deeth was due to external causes (VIOLENCE) fill Ip also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
State or country) West Va	Where did injury occur? And all 16. 74
17. INFORMANT Ed albright	Specify whether injury occurred in INVUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Bid cele ment va	Public roke!
18. BURIAL, CREMATION, OR RAMOVAL	Manner of injury Streets by Cestomobele.
Place Rose Hel Date april 23, 1931	Nature of injury Accelerate Skull 3
19. UNDERTAKER Jamas Steem Sud	24. Was disease er injury in any way related to occupation of deceased?
(Address) (Angleskand Mich	If so, specify
20. FILED Schreloss, 1932 Baneel Manage	(Signed) M. D.
20. FILED John Market 1924 Alekalder Registrar.	(Address) Leweld and lud?
If more blanks are new State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAX 8 8855			
Other contributory causes of importance:	75 4 4000	Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
	1		

V. S. No. 1

item	sho	Jo	
Every.	ICIANS	tement	
ECORD	PHYS	xact sta	
TR	Y.	E	
-WRITE PDAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	pe	be	of o
IK-TI	plnods	it may	n back
ING IN	AGE	that	tions o
INFADI	pplied.	erms, se	instruct
H	ns A	ain t	See
LIM	efull	in pl	ant.
INLY,	be car	EATH	import
PDA	Podil	OF D	very
ITE	on (s	SE	Z is
-WR	mati	CAU	TIOI

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	PORATE LIMITS (93-C)
County Of legany WITHIN COM	Registration Dist. No.
	No. St., Sward death occurred in horpital or institution, the its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Calhern aldon	T -
(a) Residence: No. (Usual place of abode)	St., Ward. 7 Melbucg. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Pay) (Year)
54. If merried, widowed, or divorced, HUSBAND of	
(or) WIFE of William aller	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h . A alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at.
80 l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onest
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chrome Alydeantites
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation —	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	(Valour Teleross.
13. NAME Color Person	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME LINKMOUN	23. If death was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME LINKAGE (City or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did Injury occur?
17. INFORMANT MASS Cheen Dillow (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Joseph Dete Dete 9, 1933	Nature of injury
19, UNDERTAKER	24. Was disease or injury many way related to occupation of deceased?
(Addiess)	If so, spectry
20 Flet Drel 27 1918 2 Sargus Praise	(Signed) (Signed)
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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other contributory eauses of importance:		Other contributory causes of importance:	
Ustones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-6
County allegary	Registration Dist. No. 8
Village or City Assaconing	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME James 6. am	derson
(a) Residence; No. / Deturned	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowad, or divorced	21. DATE OF DEATH A (Month) (Day) (Yaar)
HUSBAND of Cor) WIFE of Elizabeth Hobaugh	22. I HEREBY CERTIFY. That I attanded deceased from March 3', 193 × 19 Cept. 4. 192 ×
6. DATE OF BIRTH (month, day, end year) april 2 - 1855	I last saw han aliva on 4, 19.3 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Aught Watchman	Organic Heart briege.
SAWYER, BDDKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (months and specific parts).	(sudden death) 241
10. Data deceased last worked at this occupation (month and spent in this occupation occupation occupation this	
12. BfRTHPLACE (city or town) Scattand (State or country)	Dther Coutributory Causes of Importanca:
13. NAME James Guderson	
14. BIRTHPLACE (city or lown) Schland	Name of operation
(State of Country)	What tast confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Quisarur	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicida?
17. INFORMANT My Sames anderson	Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR SEMOVAL) Place unel Sullandupate (124, 183, 1932	Mannar of injury
19. UNDERTAKER A. Cojchroni A. A. (Address)	24. Was disease or injury in any way ralated to occupation of dacaased?
20. FILED Gril23, 132 E. On Flores Registrar.	(Signed) S. Or J. M. D. (Addrass) Autocomics
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Complete l'homographe and A 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY A 1982	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDIN

FOR

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	ri e		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	1	GUARRO II	
Other contributory causes of importance:		Other contributory causes of importance:	743
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN			
AL AL			

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MAY 8 1939			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

45	

should state of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

60	1	p.	m.	ON
87	05	GI	Ш	36
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1. PLACE OF DEATH	82-20
County ALLEGANY WITHIN OC	RPORATE LIMITS Registration Dist. No.
Village or City_CUMBERLAND, MD.	No. MEMORIAL HOSPITAL. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME MR. JOHN BOWERS	
(a) Residence: No. LITTLE OBLEANS (Usual place of abode)	MD St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX MALE 4. COLOR OR RACE OR DIVORCED Curic th MARRIED	OWED, e word) 21. DATE OF DEATH APRIL, 8, (0ay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MRS. MARY BOWERS,	22. 1 HEREBY CERTIFY. That I attended decaesed from
6. DATE OF BIRTH (month, day, and year) October 12.	01163-
7. AGE Yaars Months Days If LE	SS than to have occurred on the date stated above, at 10.30P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Irade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, W. M.D. R.R. C. SAW MILL, BANK, etc. 10. Oate daceased last worked at this occupetion (month and year) 12. BIRTHPLACE (city or town) (State or country) MARYLAND.	hemorhage Ofri.
14. BIRTHPLACE (city or town)	Name of operation Oata of What test confirmed diagnosis? Westhere an autopsy?
15. MAIDEN NAME JOHNSON, 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MEMORIAL HOSPITAL, (Address) CUMBERLAND, MD.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?
18 BURIAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER Ocia Stein Tue	24. Was disaase or injury in any way related to occupation of decaased?
	(Signad) (Address)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance; name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

certificate.

See instructions on back of

TION is very important.

-WRITE

N. B.

of OCCUPA-

1. PLACE OF DEATH	(131)
County allegany	Registration Dist. No.
Village or City my Lavol	NDSt., Ward
2 M (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
Length of residence in city or town where deeth occurred	us. now long in 0.3.11 of foreign birtar. yrs
2. FULL NAME MANY CO CHARTEM C	Dry C.
(a) Residence: No. (Usual place of abode)	St./ Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Dey) (Year)
5a. If married, widowed, or divorced	
HUSBAND OF Potes Boyle	22. HEREBY CERTIFY, That I attended deceased from
100/219-1866	Hast saw h-PV elive on Photol 1 1932 death is said
6. DATE OF BIRTH (month, day, end year) // C	to have occurred on the date stated above, at 1.05 P.m.
/ - / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular //	were estatlows: Date of oneet
kind of work done, es SPINNER, House With	Right Heuro Cain 4/1/-3>
9. Industry or business in which	
work wes done, as SILK MILL, U wu ho	
O late deceased last worked at this occupation (month and year)	
Janaa Kalaa	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	to asome map were
	est of section
E	Name of operation Date of
14. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME IN MAN MY CAULSON	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIOEN NAME MAN ME CAUGO. W. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
X (State er country)	Where did Injury occur?
(Specify city or town, county and State) 17. INFORMANT Petter Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE	
(Address) mattavoge mb	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place M. Date M. J. 19.37	Nature of injury
19. UNDERTAKER JOHNS There July	24. Was disease or Injury In any wey related to occupation of deceased?
(Address) Combalond ml	If so, specify
20. FILED 4/ 1,1932 N 7/ Stallflu 1/41	(Signed) (Y. A. D. M. D.
Joen Registrar.	(Address) Summer (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person be had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. Stat the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Ustones	May 1,1923	Gastroenteritis	1 year	

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH WHYMIN COR	POPATE LIMITS (3)
County allegans	Registration Dist. No.
Village or City demuse land	No. St., 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?mos ds.
2. FULL NAME IT ILL Frances Dro	linek
(a) Residence: No. 2 3 6 13 0 13 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH / 2 2
Will AND OP DIVORCED (write the word)	april 1 = 193 =
5e. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND OF Wiley Ed	1 HEREBY CERTIFY That Dattended deceased from
6. DATE OF BIRTH (month, day, and year) Law 19 1853	(last saw hom elive on april / 71 , 193 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
79 \N \13 \ \frac{1}{\text{day}}, \text{hrs.} \ \text{or} \text{min.} \	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and spent in this securation (month and spent in this spent in this	occurre appropriate -
9. Industry or business In which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
O lo. Date deceased last worked et this occupation (month and occupation from occupation occupation last occup	
to Dipartial ACE (Allera Anna)	Christian Nephries - Myserilla
12. BIRTHPLACE (city or town) (State or country)	arterio-Allerrio
13. NAME Themas 7 (Roderch.	
14. BIRTHPLACE (city or town)	Neme of operetion
(State or country) Ireland	Whet test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME Julia Brennam	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Wen Brennan 16. BIRTHPLACE (city or town)	Accident, suicido, or homicide?
E (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Meas Gara Stoderick	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
Place Dr. Pal. Cege Dete Upr V5, 1932	Nature of Injury
19. UNDERTAKER Louis Stews Luc	24. Was disease or igjury in any way related to occupation of deceased?
(Addiess) Cullulaland and	If so, specify A.
20. FILED Syl 23 1932 Orange & Origina	(Signed) Substitute of M. D.
20. FILED Registrar.	(Address) 22 But and St. Cily

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUFZAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

PLACE OF DEATH County Clegary CORPORATE LIMITS AN	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City froeding (No. Money) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS	Burk (If death occurred in a hospital or institu- tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Ruyll WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Opcil 4th, 1932 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That 1 attended the daccased from
(Month) (Day) (Year)	that i lest saw het stillen afril 4th, 1923
a occupation (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Paydout	Contributory Secondary (Durstion)
10 NAME OF FATHER Culture : But &. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER VILLA Stafford	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mcans of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	At place of death
Filed TY 182 SI MOM Can Registrar	29 UNDERTAKER TO WILLIAM. TO W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more record nine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (the Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material single word or term on 6) Grocery;

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence.

data is essential and must be obtained before the certificate is

Carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, It this certificate is looked over thoroughly and all questions American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all (secondary Whooping cough; Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA.

B.-WRITE PLAINLY,

Z

STATE OF MAR	RYLAND—CERTIFICATE	OF	DEATH	03610
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1. PLACE O	F DEATH Allegan	77 W I	THIN CORPO)RATE I	IMITS 117-a)		/
County	Cumberla	nd. Md			THE TO SERVE	Registration	Dist. No.	7-1
Village or C	City	TICL + ALLA		No			12	# Ward
Length of reci	idence In city or town where	dooth conversed	(1)	If death occurre	ed in a hospital or insti	itution, give its NAMI	E instead of street as	nd number)
	COO TO C		yrs,mos	s <i>t.</i>	. now long in 0.5.11	i oi ioreign birth?	yrs	_mosds.
2. FULL NA	ME	7. 3						
(a) Residen	ce: No. Old LOWII	• MCL	,-,-,-,-	St.,	Ward.			*
PERCON	IAL AND CTATION	(Usual place					give city or town	
3. SEX	AL AND STATIST			04 545		CERTIFICATE	OF DEATH	
Male	4. COLOR OR RACE		RIED, WIDOWED, D (swrite the word)	21. DA1	TE OF DEATH	Apri	11.15.19	132
		0 225				(Month)	(Dey)	(Year)
5a. If merried, widow HUSBAND of	ed, or divorced	ه ا		22.	LHERER	V.CEDTIE	V That I at	
(or) WIFE of	DIII	010		WAN		Y CERTIF		
C DATE OF BIRTH	(month down a to a to	Jan.	17.1900	110		akril		death is said
7. AGE Yea	(month, dey, end year)	Days	If LESS than	to have se	courred on the dete ste	7	7.0	; death is said
32	2	29	1 dey,hrs.	1	CIPAL CAUSE OF DE			
		1	ormin.	were espe	ollows in .	Trie). As 1		Date of onset
8. Trade, profes	ssion, or particular work dona, as SPINNER,	James of		Jug	, , , , , , , , , , , , , , , , , , , ,	The work		
SAWYER,	BOOKKEEPER, etc.	17 0000		- Cull	die for		une to	
work wes	business In which s done, as SILK MILL, L, BANK, etc.	armer		an	ald mi	go enail	is -	
U 10. Dete deceese	ed last worked et	11. Total t	ime (years)					
	pation (month end	spa	nt in this					
	W	va.		Other Com	tributory Causes of im	portance:		
12. BIRTHPLACE (cit (Stata or coun				-				
1	Lafavette.A	Carden						
13. NAME	Det sty G G G G • 17		at a			P-1-		
	(city or town)		Nva	Name of o	peretion Chaul	- Tufrale	n Dete of	of 7-193
(21616 ot				What test	confirmed diegnosis?	Vision	Was there a	n eutopsy? Mo
15. MAIDEN NAI	ME L'J'.	.Sander	3	23. ff deeth	was due to external c	auses (VIOL ENCE) fil	I in also the follow	ing:
6 16. BIRTHPLACE	(city or town)		īva		suicide, or homicide?			CE .
∑ (Stete or					injury occur?			
17. INFORMANT	Lafaette.A	.Corder		Specify wh	hether Injury occurred	(Specify city or	town, county and S	tate)
(Address)	Ciatown.	110			,_,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			LIVE.
18. BURIAL, CREMATI	ION, OR REMOVAL			Manner of	iniury			
PfeceKOY	nney. Yiva	Dete_A_T	11,17,1932	Nature of				
	John.C., io	lford						40
19. UNDERTAKER (Address)	Cumpa	riana.	12	-	ease or fnjury in any	wey releted to occupa	ition of deceased?_	700
	6 4.10		11/2	If so, spec	41110	TOKI	/	
20. FUEDRIL	18 , 1937 19	arneys.	Muse	(Signe		District	CX No.	M. D.
			Registrar.	4	(Address) 12L	vspru	8-14VVV	WWWWW

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		786 9 AVA		
Other contributory causes of importance:		Other contributory causes of importance:	21	
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH			(21)			
County Allega	ny		Registration Dist. No.			
Village or City Cumberle Length of residence in city or town wher			No. St., War lf death occurred in a hospital or institution, give its NAME instead of street and number) S. 3 ds. How long in U.S. if of foreign birth? yrs. mos. d			
2. FULL NAME Agnes.	H. Cavend	er				
(a) Residence: No. Oldtow	n. Ind	of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank. Cs		201	1 HEREBY CERTIFY, That I attended deceased fr May 16 4., 1932, to Office 646, 193			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Mar.28.1		I last saw h alive on			
7. AGE Years Months	Days 9	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at All m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.			hents Tangrenous Choleogota ?			
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	House wi	fe	Diffuse Peritonili. 2/00)			
10. Date deceased last worked at this occupation (month and year)	sper	ime (years) nt in this upation				
12. BIRTHPLACE (city or town)(State or country)	Pa		Dther Contributory Causes of importance:			
13. NAME Michal. Ker	mard					
14. BIRTHPLACE (city or town)(State or country)	Md		Name of operation belong the state of 3 / 27/4 What test confirmed diagnesis? Operation Was there an autopsy?			
15. MAIDEN NAME Martha.	3mith		23. If death was due to external causes (VIOL ENCE) fill In also the following:			
15. MAIDEN NAME Martha	Pa		Accident, suicide, or homicide?			
17. INFORMANT	vender		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	PoDate A	ril.9,132	Manner of Injury			
19. UNDERTAKER John . C . (Address) Cumbe	Holford	ā ,	24. Was disease or Injury In any way related to occupation of deceased?			
20. FILED FAR 7 , 1937	Harvey	Melas. Registrar.	(Signed) Sulley 8 house M. D. (Address) (22 beoforo 86)			
76	a blanks and model	11 6				

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
-	•		

MARGIN RESERVED FOR BINDING

	1. PLACE O	F DEAT	H	ואואו ול	TLAND	CERTII ICATE	. OI DEA	00	5012
			C) = 10 TH			(10)	Dogistration	Disk Ale	4
				· · · · · · · · · · · · · · · · · · ·		OUVIE LIMITIE	Registration	T	· -/
	Village or (CityC11	mberal	nd, Md.	(1)	No. Memorie	1 Hospita	St., &	d number) Ward
	Length of ces	sidence In city	or town where	death occurred	yrsmo				
	2. FULL NA	MEM	r. Jac	ob Chri	istman,				
	(a) Resider	nce: No	Lake	Gordan (Usual pla	Penna.	St., Ward.	If nonresident	give city or town a	and State
	PERSON	VAL AND	STATIST	ICAL PAR	TICULARS	MEDICAL	CERTIFICATE	OF DEATH	
3.	Male		or RACE	OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	April	(Day)	, 193 32 •
5a	. If married, widow HUSBAND of (or) WIFE of			na Chri	Bopp) Lstman.	22. afi HEREE	BYCERTIF	Y That I attend	led deceased from
					0.12	I lost of which alive on	afreil.	20 , 3	2 death is sald
-	AGE Ye	ars (month, day,	Months	March	LESS than	to have occurred on the date si	taled ahove at 8	0 , 19	, death is said
		5	_	23	1 day, hrs.	The PRINCIPAL CAUSE OF DI		es of Importance	
-	8. Trade, profe	ession, or par	ticular	ander	ormin.	were as follows:	andile	i	Date of onset
OCCUPATION	kind of SAWYER	work done, a R, BOOKKEEP	ER, etc.	Retire	d	Cardino	ma of S	lomach	7.6.
PAT	9. Industry or		which				U		
000	10. Date deceas	LL, BANK, et	C	1 12 7-1-	d time (week)				
ŏ	11113 0001	upation (mon		11. 10ta	I time (years) pent in this ecupation				
-	1 1001/				adaptiton	Other Contributory Causes of la		-1-	1931
12	. BIRTHPLACE (c (State or cou		Euro	na		Chronic	- ordner		1/0/
ER	13. NAME						*************		
THE			istman	,			2		
FATH	14. BIRTHPLAC	E (city or tow r country)	n)Fur	ope		Name of operation	906	Date of	les
2	15. MAIDEN NA					What test confirmed diagnosis?			an autopsy?
MOTHER			. 17	212020		23. If death was due to external Accident, suicide, or homicide?			
MO	16. BIRTHPLAC	t (city or tow r country)	/A)	mrobe.		Where did injury occur?		Date of Injury	, 13
17	.INFDRMANT (Address)	Memor	ial Ho berlan	spital	,	Specify whether injury occurre	(Specify city or d in INDUSTRY, in HD	town, county and 5 ME, or in PUBLIC	State) PLACE.
18	BURIAL, CREMA			C	1. 10/	Manner of injury			
	Place St.	hosh	us Un	Date W	N 77, 193	Nature of injury	~~~~		
10	. UNDERTAKER	2 mi	o Ster	2 920		24. Was disease or injury in an	y way related to occup	ation of deceased?	no
19	(Address)	VI.EXE	Esam	Lulan	~d	If so, specify		2	
200	, FILED Breek	122	24 8	Carmo	Alch.	(Signed)	1 Hod	ger	
1 20	, rice of second		Jdd-hk		Registrar.	(Address)	Mambe	elano	I mid

V. S. No. 1

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
A THE PLANT WE HAVE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	No. Princ are st 5
	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Jumbs L. Cobe	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yar
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Dainy	22. HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year) & mleas 1150	I last saw h aliva on Sput 7 193 3 death
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2.30 P.m.
35 I day,hrs	The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca waro as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.	B Sobre Property
on Industry or business in which work was done, as SILK MIN Catalage Courts Courts SAW MILLY BANK, etc.	
SAW MILL BANK, etc. 10. Oath decase last worked at spent in this spent in this yaar) 11. Total time (years) spent in this spent in this years)	Juffer lote
12. BIRTHPLACE (city or town) Substitution (State or country)	Other Contributory Causes of Importance:
Colley 13. NAME	
14, BIRTHPLACE (city or town) (Stata or country)	Name of operation
(County)	What test confirmed diagnosis? Was thara an autopsy?
	23. If death was dua to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) . J. J	Whare did Injury occur?
17. INFORMANT (Address) College Colleg	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Control Oato Oato 1922	Nature of injury
19. UNOERTAKER (Addrass) Carlon land Type	24. Was diseasa or injury in any way related to occupation of decaasad?
20. Fileokrel 20 19 Harry & Dera	(Signed) The College Millians
Registrar.	(Addrass) 4/ home to Careflet

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Cerebral hemorrhage MAY 6 1932	July 5,1927	Peritonitis	3 days ago
BURFAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDIN

FOR

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and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County

2

See

STATE OF MARYLAND-CERTIFICATE OF DEATH

PLACE OF DEATH	9-2	03615
County ALLEGANY	WITHIN CORPORATE LIMITS Registration Dist. No.	4
Village or CityGUMBERLANDAND	-MEMORIAL HOSPIRAL	
	yrs	street and number)

FULL NAME	DEILL DEVI	
(a) Residence: No	SALTSBURY PA.	GREENVILLE TOWNSHIT

If nonresident give city or town and State

CERTIFY, That I attended dacaasad from

MEDICAL CERTIFICATE OF DEATH

(Month)

(a) Residen	ce: No	SALTSD	(Usual place	of abode)
PERSON	AL ANE	STATIST	ICAL PART	ICULARS
3. SEX FEMALE			OR DIVORCI	ED (write the word)
PERSONAL AND STATISTICAL PARTICULARS S. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SINGLE SINGLE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SINGLE 5. SINGLE OCT -30, 1931 7. AGE Years Months Days If LESS tha 1 day, 0rmin.				
6. DATE OF BIRTH	month, day,	and year)	OCT.30,	1931
		Months	Days	
kind of v SAWYER, Industry or work was SAW MIL	vork done, a BDDKKEEP business in done, as SI L, BANK, et	s SPINNER, ER, etc which LK MILL, ced et	Sp:	time (years) ent in this upation

DESCRIPTION A T

-	I last saw han ative on april II ,1937	death is sa
	to have occurred on the date stated above, at &_ m.	
	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
-	wera as follows:	Date of onse
-	$A \rightarrow A$	
i	Petro Phanyngeal Abspers	a. i
-		mi

PENNSYLVANIA (Stata or country)

12. BIRTHPLACE (city or town) __

FATHER 13. NAME PENNSYLVANIA 14. BIRTHPLACE (city or town) (State or country)

MARY BAER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

MEMORIAL HOSPITAL 17. INFORMANT. (Address)

18. BURIAL, CREMATION, OR

19. UNDERTAKER (Addrass)

Other Contributory Causes of importance:

21. DATE OF DEATH

What test confirmed diagnosis?_____ Was there an autopsy?_

23. If death was due to axtarnal causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of Injury______ 19_____ Where did injury occur?____.

(Specify city or town, county and State)
Spacify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of Injury Nature of injury

24. Was disease or Injury In any way related to occupetion of daceased?

If so, spacify (Signed) (Address)

Registrar.

CAUSE TION

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BURFAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	- 125
Gallstones	May 1,1923	Gastroenteritis	1 year
	J		

1. PLACE OF DEATH	CERTIFICATE OF DEATH 03	010
	REGISTRATION DIST. No.	4
Village or City Canada Land	No. 570 Provided George St., 6 death occurred in a hospital or institution, gifts NAMP instead of street and w	Ward
Length of cesidence in city or town where death occurredyrsmos		
2. FULL NAME Paul Hilliam N	obre	
(a) Residence: No. 570 Prince gurge (Usual place of obode)	St., Ward. 1f nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 2 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	Copy HEREBY CERTIFICATION That Lattended	deceesed from
6. DATE OF BIRTH (month, day, and year) July 19 1921 7. AGE Years Month Deys If LESS than	I last sew here alive on the date stated above, at SP m.	; death is said
5 9 3 1day, hrs. or or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Valuation	abou
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (worth end	must deme	1978
10. Date deceased last worked at this occupation (month end yeer)	Other Contributory Causes of importance:	1
12. BIRTHPLACE (city or lown) (State or country)		-
13. NAME Taymond Orbit 14. BIRTHPLACE (city or town) (State or country)		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(Stete of County)	Whal test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME LATTURE (city or town) (Stete or country) 17. INFORMANT Raymond Defice 18. MAIDEN NAME LATTURE (city or town) (Stete or country)	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	, 19 e)
18. BURIAL, CREMATION, OR REMOVAL Place / Learn Hante India of 24, 1932	Menner of injury	
19. UNDERTAKER Zomis Stein 9 ne (Address) Linkyland.	24. Was disease or interview end way related to occurrent of deceased? If so, specify	ers
20. FILED Jobel 23, 1937 Harry A Registrar.	(Signed) / S O V C C C C C C C C C C C C C C C C C C	M. D

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

1	. PLACE OF DEATH	INVESTIGATION OF	PODATE LIMITO (M)	
	County Cllega	MI WITHIN COR	Registration Dist. No.	
	Village or City Cuch le	end in	1 No. alle game Dospitali,	Ward
	Vinage of Orty	(If	death occurred in a horpital of institution, give its NAME instead of street and n	umber)
	Length of residence In city or town where death	occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmo	sds.
2	FULL NAME Ollsa	Edwaro	(s) 21, n/	
	(a) Residence: No.	no millo	St. Word West way	· · · · · · · · · · · · · · · · · · ·
	(a) residence. No.	(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.		INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	2
1	remale Ithite ?	R DIVORCED (write the word)	(Month) (Day)	(Year)
5e.	If married, widowed, or divorced			
	HUSBAND of (or) WIFE of	1 111	22. HEREBY CERTIFY That I attended of	leceased from
-	- and of	1 and	, 10 , to , to	, 1940
6.	DATE OF BIRTH (month, day, and year)	8,1903	I last saw h elive on 190	; death is seld
7.	AGE Years Months	Days If LESS than	to heve occurred on the date stated above, atm.	
	29 2	9 l dey, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
z	8. Trade, profession, or particular)		
01	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	auremele	Il relocales from polise	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL,		absent. Perforation found , in frantis	
20	SAW MILL, BANK, etc	11. Total time (years)	of sterne of ago	
0	10. Date deceased last worked et this occupation (month end	spent in this		
	year)	oc.upation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town)			
-	(State or country) Humbe	here county	2	
FATHER	13. NAME 6 durand a	lkere I	f f	
E	14. BIRTHPLACE (city or town)		Name of operation de la constant Dete of	fril 17
F	(Stete or country)	behere ount	What test confirmed diagnosis? Wes there en e	utopsy? 200
HER	15. MAIDEN NAME	e Large I	23. If death was due to external causes (VIOLENCE) fill In also the following	:
H	16. BIRTHPLACE (city or town).	modelhui Os	Accident, suicide, or homicIde? Date of Injury	, 19
MOT	(State or country)		Where did injury occur?	********
	20 01	02	(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE,
17	(Address)	weller On The		
18		10-111	Manner of Injury	
2	Plece Mt One on D	ete aforu 19, 193=	Nature of injury	
		W. Carlotte	24. Was disease or injury in any wey related to occupation of deceased?	
19	. UNDERTAKER		-	
-	(Address)	Ul Da	If so, specify 9 man	
20	FILED JARILL J. 9., 19 A EUSAUL	401 Muss	(Signed) Current Land Land	
11	/	Registrar.	(Modless)	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	·3 days ago
MAY 8 1039			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

X	item of infor-	should state	of OCCUPA-		
	ENT RECORD. Every	TLY. PHYSICIANS	ed. Exact statement	1	
FOR BINDIN	IS A PERMAN	stated EXAC	properly classifi	certificate.	
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
V. S. No. 1	N. BWRITE PLAINLY, V	mation should be caref	CAUSE OF DEATH in	TION is very importan	

STATE OF MARYLAND—CERTIFICATE OF DEATH #3618			
1. PLACE OF DEATH			
County alleghanis	Registration Dist. No.		
Village or City Frostbufg md	No. Miners Hospitalsi, Ward		
(If Length of residence in city or town where death occurred 18 yrs 6 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long la U.S. Hof foreign birth?		
4 1 2 01 1	E + l.		
2. FULL NAME Frederick Charles	onus.		
(a) Residence: No. Junetto Cht. E. Mac. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jores 30 (Day) (Year)		
5e. If married, widowed, or divorced. HUSBAND of (or) WIFE of Blanche N. Entler	22. HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Oct. 10, 1877	I last saw h alive on April 30 , 193 /; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 m.m.		
55 6 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows		
8 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Atrophic Carposes Ddirers 1930		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (most) and spent in this compating the most and spent in the most and s	730		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this 2540			
0.0.+	Other Contributory Causes of Importence:		
12. BIRTHPLACE (city or town) Charles (State or country) Manyland			
13. NAME George Entler			
13. NAME Gerge Entler 14. BIRTHPLACE (city or town) Germany	Name of operation		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Lina Flental.	23. If death was due to external causes (VIOL ENCE) fill In elso the following:		
16. BIRTHPLACE (city or town). Jemany	Accident, suicide, or homicide? Date of injury, 19		
(State er country)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Nelson Powell (Address) Cumberland Md.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Place St. M. Date Date 19.14	Nature of injury		
19. UNDERTAKER J JUNE 19.	24. Wes disease or injury In any wey related to occupation of deceased?		
(Address) If I rive thing had	If so, specify A		
20. FILED 2 , 1932 CAC M Registrar.	(Signed) (Address) And Andrews M. D.		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Comer contributory causes of importance:		Other contributory causes of importance:	
\[\langle \la	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

OCCUPA-

of

Exact statement

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE

V. S. No. 1

AGE should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH	PORATE LIMITE (361))
-	County allegarges	Registration Dist. No.	
1	Village or City Cultural gland	No. 215 Ausherd St., 6-3	_Ward
1	Length of rasidence In city of Jayn where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long In U.S. if of foreign birth?mrsmos	ds.
-	2. FULL NAME Dawel Take	4	
	(a) Residence: Np. V15 Humberel (Usual place of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH JULY 193	32
	5a. If married, widowed, or divorced	(Invital)	101)
	HUSBAND OF Farriet & Mellott	22 The SET SERTION That I they ded daceases	5 from
te.	6. DATE OF BIRTH (month, day, and year) Oct v7 1870	last saw how alive on april 1937; death	r is sald
ica	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
certificat	61 5 VV 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	8. Trada, profession, or particular	Melenza esto	of onset
of	kind of work dona, as SPINNER, / Fostler	7	7
back	kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	192	3.2
00	D. Data deceased last worked at this occupation (month and year) this occupation (month and year)		
instructions	OWN,	Diller Constitutory Capses of importance:	1 .
uct	12. BIRTHPLACE (city or town) (State or country)	Hour premier	~/>
stri		1.9	3.2
	13. NAME Homes Fakey 14. BIRTHPLACE (city or town)		
See	14. BIRTHPLACE (city or town)	Name of operation Data of	
		What test confirmed diagnosis? Was there an autopsy	1
important	15. MAIDEN NAME Sindart Me Simis 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
ort	0 16. BIRTHPLACE (city or town)	Accident, sufcide, or homicide? Date of injury, 1	3
ub	(State or country)	Where did injury occur? (Specify city or town, county and State)	
	17. INFORMANT Mus Frank Mysia	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
very	(Address) 18. BURIAL, CREMATION, OR REMOVAL	•••••	
00	Place Buchs Vally of Date apr. 1/2/1932	Manner of Injury	
Z	Prioto-195.	Nature of injury	
TION	19. UNDERTAKER Ours Stews due	24. Was disease or injury in any way related to occupation of deceased?	
	(Addrass) Cumbaland and	If so, specify MSS Quilles	
1 1	20. FILED Sprel 2019 Assessing V. Marca. Registrar.	(Signed) (Address) 332 (C	M. D.
a de		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURKAU V S	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER (Address)

ΕĠ. ż

	93-0
	Registration Dist. No.
	No. In Samuel Rost. Ward
lf .	death occurred in a hospital or institution, give in NAME instead of street and number)
s.	ds. How long In U.S. if of foreign birth?yrsds.
2	gle
	Cst., Ward.
II.	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
1	21. DATE OF DEATH
	(Month) (Day) (Year)
	20 1
	22. I HEREBY CERTIFY. That I attended deceased from
-	
	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
	12000y 2/12/32
-	
-	
	Other Contributory Causes of importance:
	Decelle 1.
-	ourene my warles
-	William Suffferen Chille 3.
-	Name of operation Date of
-	What test confirmed diagnosis? Was there an autopsy?
_	23. If death was dua to axternal causes (VIDL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

~	Manner of Injury
4	Natura of injury
	24. Wes disease or injury in any way related to occupation of deceased?
-	If so, specify therein T. The helle
	(Signed) A A ALL M.D.
	(Address) 122 768 60 8 -
	ZALL N. Charles Street. Baltimore. Requesting V. S. No. 1.

Registrar.

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BUHEAR - 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of item RECORD. BINDI FOR RESERVED MARGIN mation

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

(Address)

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Name and the second

AGE should be stated EXACTLY. PHYSICIANS should state item of inforof OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

V. S. Mo. 1,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(5)
County allegany	Registration Dist. No.
Village or City Assagraning	NoSt., Ward
Length of residence in city or town where death occurred yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME asephal	doner
(a) Residence: No. Bul vern Hill	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 19 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Autohinson	22. I HEREBY CERTIFY, That I attended deceased from any 1931, to affect 1932
6. DATE OF BIRTH (month, day, and year) Seht 28 1863	t last saw h and alive on afril 18 , 19 3 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 _2 _m.
68 6 2/ 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc. Advised filmer 9. Industry or business in which	Carenma of Bladde
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sawyer, etc	
10. Date deceased last worked at this occupation (month and year)	
() hand a	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) St. W. M. G. M. (State or country)	
# 13. NAME John Clardner	,
14. BIRTHPLACE (city or town)	Name of operation Bladdle There f. Redisin Date of Och 1931
() () () () () () () () () ()	What test confirmed diagnosis? Interest on autopsy? The
15. MAIDEN NAME Granthay Hickorson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Anathay Richolson 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
(State or country) Congland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT This. Martha Typich. (Address) Shara Mar	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place alle galley amelgypate - MV - 21, 1922	Neture of Injury
19. UNDERTAKER M. Grahmoni (Address) English	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED april 10, 132 & Over florison, Registrar.	(Signed) Hyry bt. Hodge M. D. (Address) Language Bry
If more blanks are needed, uddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. Mo. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

03623

1. PLACE OF DEATH	(2)	
County Allegany WITHIN CORPC	Registration Dist. No.	
Village or City Cumberland	No. Memorial Hospital St., 6 - 2 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrs,mo	s. ds. How long In U.S. if of foreign birth?yrsmos ds.	
2. FULL NAME Susie Glass		
(a) Residence: No. McCoole, Maryland (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH April 26, 1932 (Month) (Day) (Year)	
5a. tf married, wildowed, or divorced HUSBAND of (or) WIFE of Thomas Glass	22. I HEREBY CERTIFY, That I attended deceased from affile 20, 1932, to Afrif 26, 1932	
6. DATE OF BIRTH (month, day, and year) (1 m le m & um)	t Jos saw h w alive on Welf & 6 1932 death is said	
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and year)	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) West Virginia (State er country)	archiaf Embolia	
ш 13. NAME Jacob Dawson	j.	
13. NAME JACOD DAWSON 14. BIRTHPLACE (city or town) (State or country)	Name of operation warmage of avade 8 4-21-3 What test confirmed diagnosis? Was there an autopsy? No	
置 15. MAIDEN NAME Julia Spencer	23. If death was due to external causes (VIOLENCE) filt in also the following:	
15. MAIDEN NAME JUlia Spencer 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?	
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MARYLAND		
18. BURIAL, CREMATION, OR REMOVAL LUCIUS Opus Our 28, 19.3	Manner of injury	
19. UNDERTAKER DIFMANEWARD Song	24. Was disease er Injury In any way related to occupation of deceased?	
20. FILED Stil 22, 1937 Harry NOTELS Registrar.	(Signed) M. Corn, M. D. (Address) Cornel M. A.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Ì	Example II	
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Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- CHYAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	3
Gallstones	May 1,1923	Gostroenteritis	1 year

NOIL

19. UNOFRTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

24. Was diseasa or Injury In any way related to occupation of deceased?

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Example I	i li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
March May Paper			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STA	TEMENTS BY	PHYSICIAN
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Stat VPA	1. PLACE OF DEATH	196-20
XA " EI	County alexany	Registration Dist. No. 4
should of OCC	O O O	POPAJE LIMITAS & OBIGORIA NO.
sho of C	Village or City (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
Every SIANS ement	2. FULL NAME (Kichard Trak	am a nico
3D. Every YSICIANS statement	(a) Residence: No. Cash U asland will	St. Ward Cosh Valley, md
	(Usual place of abode)	If nonresident give city or town and State
RECC. PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garrice tipe word)	21. DATE OF DEATH
FIG.	mary many	(Month) (Day) (Yeer)
NDING RMANEX X A C T classified	5a. If married, widowed, or divorced , HUSBAND of	22. HEREBY CERTIFY, That I attended deceesed from
DI FA A C Issi	(or) WIFE of allee Frakism	
	C DATE OF RIBYH (moth to adven) Md 24 16 1872	l last saw h alive on 19; death is said
PE PE STEE	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, atm.
FOR BIS A PE stated E properly certificate	6 11 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trade, profession, or perticuler	were as follows: Date of onest
U.D. HIS Pee	kind of work done, as SPINER, SAWYER, BOOKKEEPER, etc.	Market Street Bridge.
RESERVEL G INK—THI GE should be that it may be ins on back of	A stadustry or business in which	Death due to body
FK- M m ba	9. Yadustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Enjuries and exposure.
INI INI I it it		
RES I AGE that ons	year) oecupation	Other Contributory Causes of importance:
IN DIT	12. BIRTHPLACE (city or town) (State or country)	
MARGIN ITH UNFADI Illy supplied. plain terms, so	E 13. NAME Homas grobam	
MA H U sup in te	13. NAME 14. BIRTHPLACE (city or town)	Name of operation
	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
Y, WITH carefully IH in pla	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, WI be careful EATH in pimportant.	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
AINLY d be co DEATH	∑ (State or country)	Where did Injury occur? (Specify city or town, county and State)
LAINLY, and be car DEATH	17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) 18. BURIAL, CREMATION OR DEMOVAL	Manner of injury
	Place St Patrick ampate opilag, 1932	Neture of injury
-WRITE mation s CAUSE TION is	1. 10. 1.	24. Was disease or injury in any way related to occupation of deceased?
CA TI	19. UNDERTAKER (Address)	If so, specify
S. B.	Called Cal. Mills	(Signed) Harry of Wen Ford Kagsoline
> Z	20. FILED Stell 28 , 1937 I Hanney Registrar.	(Address) Cumbus 9,174.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

r, PHYSI-WRITE PLAINL, WITH UNFADING INK--THIS IS A PERMAKENT RECORD

V. S. No. 1

	PLACE OF DEATH County alegany	(82-a)	STATE OF MARYLAND CERTIFICATE OF DEATH		
			Registration Dist. No.		
Vil	lage or City Barton (No	ll La	St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)		
=	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH		
E	MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	4 27, 1932(Month) (Day) (Year)		
	(Month) (Day) (Year)	that I last saw h	750		
7 /	If LESS than I day hrs. or min.?	The CAUSE OF DEAT	red on the date stated above, at		
(P	articular kind of work	Mesk	Sulden death)		
×6	b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory	(Duration) y18 race de.		
9 6	(State or country) A many many many land 10 NAME OF		(Duration)		
	FATHER Thomas Beeman	(Signed) 27 1937	(Address) Sanalanning		
ENTS	OF FATHER (State or country) fractoring and 12 MAIDEN NAME		sease Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether or Homicidal.		
PAR	OF MOTHER Margaret Harganal		SIDENCE (For Hospitals, Institutions, Trans-		
	13 BIRTHPLACE OF MOTHER (State or Country) Stanton, Virginia	At place of deathyrsm	In the State yrs mos ds.		
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contribution of at place of deat	h?		
	(Informant) Robtit Lines	usual residence	OR REMOVAL DATE OF BURIAL		
	(Address) Baton and,	Thelow Cen	refryd may 1. 1932		
15	Filed april 28 1982 Sa. Bon cher Registrar	20 UNDERTAKER Avid S	Boal Barton mg		
	If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods Village or City Jo PHYSICIANS Every Langth of residance in city or town where death occurred statement RECORD. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH Y OR DIYORCED (write the word) PERMANENT (Month) assified 5a. If marriad, widowad, or divorced BINDIN HUSBANO of 22. (or) WIFE of × C M 6. DATE OF BIRTH (month, day, and year) certificate properly If LESS than 7. AGE Years Days Months to have occurred on the data stated above, at FOR I day,hrs. or min. 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER, RESERVED Jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or businass in which plnods work was done, as SILK MILL SAW MILL, BANK, atc..... on 10. Oate deceasad last worked at 11. Total time (years) spant in this this occupation (month and that year) occupation __ instructions Othar Contributory Causes of importance MARGIN 12. BIRTHPLACE (city or town) (Stata or country) supplied. terms, FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town) ııı (State or country) fully p MOTHER 15. MAIOEN NAME important 16. BIRTHPLACE (city or town (State or country) Whare did injury occur?___ DE should very (Address) OF 18. BURIAL, CREMATION, OR Manner of Injury WRITE S AUSE mation LION Nature of injury 19. UNOERTAKER (Addrass) If so, spacify (Signad) Registrar.

Registration Dist. No. (If death occurred in a hospital or institution, give its ME instead of secet and nur How long in U.S. if of foraign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Oav) (Year) CERTIFY. That I attended deceased from daath is said Oate of onset What tast confirmed diagnosis?_____ Was there an autopsy?_ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?_____ Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disaase or injury in any way related to occupation of daceased (Address) ___

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MA	1921	Run over by street car	1 week ago
Cerebral hemorrhage . BUKZALI V B .	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03628		
1. PLACE OF DEATH	93-0		
County allegany	Registration Dist. No.		
Village or City (If	No. 154 Center St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs			
2. FULL NAME John & Ma	Plub		
(a) Residence No. 15 16 Center Vsual place of abode)	St., Ward. If nonresident give city or town and State.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR LACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCEM (write the word) Wildswed	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mary a. Hannon	22. IFIEREBY CERTIFY, That Lattended deceased from 26, 1932, to april 29, 1932		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Oays If LESS than 1 day,hrs.	l lest saw harma alive on		
8 Tride profession or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset		
Notes that the second of the s	1		
work wes done, as SILK MILL, SAW MILL, BANK, etc.	(/		
10. Oate deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation occupation			
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance;		
(State or country)			
13. NAME Muhael Blamon			
13. NAME Muhael Blannon 14. BIRTHPLACE (city or town)	Nama ol operation Oate of		
(Steta or country)	What test confirmed diagnosis?		
15. MAIOEN NAME Mary Slew	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT Miss of orella Hanger (Address)	Where did Injury occur?		
18. BURIAL, CREMATION, OF REMOVAL Place Fronting md Date May 8, 1932	Manner of Injury		
19. UNOERTAKER Address Address Address Address	24. Was disease or injury In any way related to occupation of deceased? It so, specify		
20. FILEO /30, 1932 DU.OM Care Registrar.	(Signed) M. D. (Address) Frost free A M. D.		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 9.1 S. No.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Gener contributory causes of importance:		Other contributory causes of importance:	
Ustones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA. of infor-PHYSICIANS -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. be AGE should be mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

MARGIN RESERVED FOR BINDING

V. S. No. 1

ż

STATE OF MARYLAND CERTIFICATE OF DEATH 0362

1. PLACE OF DEATH	WITH	IN CORPURA	ALE LIMITS
County	rany		Registration Dist. No.
Village or City Cumber	cland. Md		No. 27. Princeton.St St. 5 Ward
Village of City		(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
			ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME	A. Hendri	ouson	
(a) Residence: No. Charle	perland. I	Ad	St., Ward.
	(Usual place		If nonresident give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
Female White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April First. 1932
		LOLOFFI	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Petter	lendric.	raon.	22. 1 HEREBY CERTIFY. That Lattended deceased from
(or) WIFE of	. 01101 . 0		March 29 1932 to april 1932
6. DATE OF BIRTH (month, day, and year)	F eb. 27	.1346	I last saw her alive on Chearch 181 , 1982; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 30 . Am.
86 1	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular		UImin.	Carcinoma of lives patagon
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
9. Industry or business in which	At	Home	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Tatal 6	ima (vana)	
this occupation (month and year)	sper	ime (years) nt in this upation	
) year)	Md	ipation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	161 CY		
1 77 7	Drake		
13. NAME BUVE, PU			
13, NAME BOWARD. 14. BIRTHPLACE (city or town)	Md		Name of operation. Date of Date of
(State of Country)	. Besli		What test confirmed diagnosis? Was there an autopsy? Wo
15. MAIDEN NAME	Mo	7	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	101/		Accident, suicide, or homicide?
- (State or country)	v Robert	o on	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cumber (Address)	ry no mid	3611.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	id An	ril.3.19	Manner of Injury
Place	Date	, 19	Nature of injury
19. UNDERTAKER	wolford		24. Was disease or injury in any way related to occupation of deceased? No
(Address)	ind. Id		If so, specify
20 FUED Pring 2 1932 /	tanay 11	WE.	(Signed) With Hodge A. M. D.
20. 11222-1	/	Registrar.	(Address) Cumberland, Man

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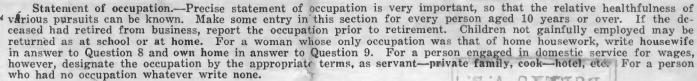
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Example I Example II The principal cause of death and related causes The principal eause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03630
1. PLACE OF DEATH	97)
County Ulegany "	Registration Dist. No. 12
Village or City Milliand md	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Mrs. Mary Ill	
(a) Residence: No. Midland	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frence White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 5, 1844	I last saw h. L. alive on abuil 5 th, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Jm.
1847 March 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	arterio sclerous Yusuhi.3
9 Industry or business in which work was done, as SILK MILL,	
TO. Date deceased last worked at this occupation (month and / 0 40.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State er country) Lengalvannele	
13. NAME John Johnson	
13. NAME JAME JAMES 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country) 7/4/4 Charles	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Alexander and	(Specify city or town, county and State) Specify whether injury accurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place For Setting And Wate Afri 7, 193	Manner of Injury
19. UNDERTAKER B. D. Bral	24. Was disease or injury In any way related to occupation of deceased?
(Address) Button My	If so, specify
20. FILED CYSA . Q , 19 3 C Resistrat.	(Signed) N. D. (Address) Midland M. D.



To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago 40 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	BI	PHISICIAN
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V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH (13)	331
1. PLACE OF DEATH	93-2	
County Mullighting WITHIN CO	ORPORATE LIMITS Registration Dist. No.	
Village or City my bulland	ND. 120 S. Zae St St., /	Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and num	ber)
Length of residence in city or town where death occurred	s	ds.
2. FULL NAME / Mara Alle	rgeword	
(a) Residence: No. 120, South Kell (Usual place of abode)	St., Ward. If nonresident give city or town and Sta	to
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	(C
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AND 12 (Day)	3 2 (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of	22. I HEREBY CERTIFY. That Pattended dece	
6. DATE OF BIRTH (month, day, and year) Micre L. 1889	Hast sawh et alive on africe 11 1982 de	eath is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 130 Am.	cati is said
43 March - I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or particular	"Theyocardilis	931
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
11. Total time (years) this occupation (month and spent in this		
12. BIRTHPLACE (city or town) Bedfund Ca (State or country)	Other Gutributory Causes of importance: Bloken Compensation	1932
13. NAME Don't Know		
14. BIRTHPLACE (city or town) (State or country)	Name of operation	psy? No
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) // //	Accident, suicide, or homicide? Date of injury	., 19
∑ (State or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Mollingswith (Address) 120 South Lee ST	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Unguer Line Date MPM /3, 193.2	Nature of injury	
1. UNDERTAKER 7. 0. 2 utlly (Address) www.and ma	24. Was disease or injury in any way related to occupation of deceased?	co
20. FILEDYSKIEL 13, 19 Harwey A. Meise. Registrar.	(Signed) WR Hodgy (Address) Cumballand In	M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN 6 999	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. il of foraign birth? yrs. _____mos. ____ ds. statement PHYSICIAN RECORD. (a) Residence: No. St. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH 4. COLOR OR RACE/ OR DIVORCED (write the word) PERMANENT (Month) (Day) (Year) classified 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE **Oevs** II LESS than to have occurred on the dete stated above, at 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Oatevof onsel 8. Trade, profession, or particular THIS. OCCUPATION be kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which plnods work was done, es SILK MILL, SAW MILL, BANK, etc.____ 10. Date decaased last worked at 11, Total time (years) this occupation (month end spent In this that occupation vaar) ... instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) supplied. terms, FATHER 14. BIRTHPLACE (city or town) Name of operation plain (State or country carefully What test confirmed diagnosis? ----- Was there an autopsy? MOTHER 15. MAIOEN NAME important. 23. If death was due to external causes (VIOL ENCE) fill In also the following: ii. Accident, suicide, or homicide?_____ Oate of Injury____ OF DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur? pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury LION 24. Was diseasa or injury ip, any way releted to occupation of deceased? 19. UNDERTAKER Il so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

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ATICFIOSCICTOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cereoras nemorrnage	July 5,1927	Peritonitis	3 days ago
BURNAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1.

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iter	sh	jo	
Every	SICIANS	atement	1
ORI	HYS	t st	
I REC	Y. P	Exac	
ANENT	ACTL	ssified.	
ERM	EX	cla	e.
A PI	ed]	erly	ficat
IS	stat	prog	certi
HIS	be	pe	of
E	pino	may	back
INK	E sh	t it	on
ING	AGI	se tha	tions
FAD	ed.	80	truc
		=	UZ
Z	lddus	term	e inst
ITH UN	lly suppli	plain term	. See inst
, WITH UN	refully suppli	l in plain term	tant. See inst
NLY, WITH UN	oe carefully suppli	ATH in plain term	mportant. See inst
LAINLY, WITH UN	ald be carefully suppli	DEATH in plain term	ry important. See inst
IITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infol	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	ISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	N is very important. See instructions on back of certificate.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No Village or City (If death occurred in a hospital prinstitution give its NAME instead of street and number) How long in U. S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where deeth occurred 2. FULL NAME (a) Residence: No. (Usual place of about If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR ON VORCED (writesthe word) (Month) (Day) (Yaar) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 9 amm 7. AGE Years If LESS than Months Days 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10, Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation 20 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation__ (State or country) Whet test confirmed diagnosis?. 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in elso the following. 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT _ (Address) 18. BURIAL, CREMATION, DR REMOVAL 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 6 1832			
Other contributory causes of importance	19311.23	Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
		• *	3
		,	

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (13634
item of ir should s	Village or City Language Village of City Language Village Of City Language Village Vil	Registration Dist. No. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	2. FULL NAME (a) Residence: No. Authorized	ds. How long in U.S. if of foreign birth?yrsmos ds. St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECC PH: Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- Nu	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write tha word) Fernale Ithia 58. If married, widowed, or divorced	21. DATE OF DEATH (Month) 8 th (Day) (Yaar)
INDIN RMAN X A C classifi	HUSBAND of (or) WIFE of Miliam Jacobs	22. HEREBY CERTIFY. That I attended deceased from 1931, to april 8 1932; death is said
FOR IS A P stated properly	7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 10
RESERVED G INK—THIS AGE should be that it may be ns on back of o	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Cirtirio sclerosis du. 1-31
Z 4 7 .5	and described (martin and	Other Contributory Causes of importance: Cerulal apoplety april - 32
MAA H U sup in to	14. BIRTHPLACE (city or town) / Many fame). (Stata or country)	Nama of operation
INLY, WITH be carefully EATH in plain important.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
TE PLAII on Could b SE OF DE	Place annel Hill Counterpote (April 1/-, 1932)	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury
3.—Well	19. UNDERTAKER (Address) Sanacorang And.	24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Address) Midland -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ECBIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhade MAY 4 1633	July 5,1927	Peritonitis	3 days ago
BUREAU V 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1	. PLACE OF DEATH County allea and WITHIN CORP	ORATE LIMITS Registration Dist. No.
	Village or City Camberland	No. Clegary County House St., 3 (If death occurred in a pripital or institution, give in NAME instead of street and number, os. ds. How long In U.S. if of foreign birth? yrs. mos.
2	Length of residence in city or town where death occurred yrs. I ym. 2. FULL NAME / A A A A A A A A A A A A A A A A A A	Ward. If nonresident give city or town and State
- Contraction	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 9	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (193 (Y
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 7 I HEREBY CERTIFY, That I attended deceas
	DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day,hr	to have occurred on the date stated above, at 5 m.
of certif	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Housefleeful	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
PAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	194 your ly scorta
uo OCC	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
instructions IER 17	BIRTHPLACE (city or town)(State or country)	Other Contributory Causes of importance:
and the last	13. NAME Dent Know	Name of operation
FAT	(State or country). Don't Know	What test confirmed diagnosis? Was there an autopsy
rtant. ОТНЕВ	15. MAIOEN NAME Dont Know	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
od mi	16. BIRTHPLACE (city or town) Don't Know (State or country) Don't Know	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18.	(Address) BURIAL, CREMATION, OR BEMOVA)	Manner of Injury
Si NOIL	Place the till In Date up 17, 193	Nature of Injury 24. Was disease or Injury of any way related to escupation of deceased?
	UNOERTAKER AND SHAME OF THE CARD CONTROL OF TH	If so, specify (Signed) / May 16 and
20.	FILED GRALLS 19	(Address) Usyllerland

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Chronic interstitial nephritis 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Andrew State of the State of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
27 4 5		

mation :

LION

19. UNDERTAKER
(Address)

state

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1,

Registrar.

If so, specify

(Address) _.

24. Was disease or injury in any way related to occupation of deceased?

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
b. alder	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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No.	
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		CityGU		ND,MD.	NEMORIA	I. HOSPITAL.	Registration Dist. NoSt.,	6-2 Wa
2	Length of re L FULL NA (a) Reside	AME.	or town where Still ROMNE	death occurred) Jud	sds. How long in U.S. If o	f foreign birth?yrs	
	PERSO	NAL AND	STATIST	ICAL PAR	TICULARS	MEDICAL C	ERTIFICATE OF DEATH	н
3. 3	SEX TATE		OR RACE	OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH APRIL IO),1932 (Month) (Day)	, 193 (Year)
5a.	If married, wido HUSBAND of (or) WIFE of			31	NGLE		CERTIFY, That I atten	ded deceased 1
_	DATE OF BIRTH	(month, day,	and year) Months	APRIL I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	l last saw h alive on to have occurred on the date state	d above, at T: 45 m, A e M e H and related causes of Importance	; death is
12.	10. Date decea	as done, as SI ILL, BANK, et used last work upation (mont	ced et	0	I time (yeers) pant in this coupation	Other Contributory Causes of Impo	ortence: Verpustion Pt	agerela
FATHER	14. BIRTHPLAC		E.JUD WEST	Y VIRGI	ITA		Data (
MOTHER 12	INCODMANT	CE (city or tow or country)	ORIAL	YLAND HOSPITA	ΔL	23. If death was due to external cau Accident, suicide, or homicide? Where did injury occur?	ses (VIOLENCE) fill In also the follo	wing:, 19
18.	BURIAL, CREMA		RLAND,		ril.11.32	Manner of injury		
19.	UNDERTAKER _		C. Wolf				ay related to occupation of deceesed	

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Example J	- distribution	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Section of the second section of the section of the second section of the section o				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH (13638
1. PLACE OF DEATH VITHIN	(Fa)
County Ale garry	Registration Dist. No. 7
Village or City Papathaga	No. Minera Hospital St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death accourredyrs,m	os. ds. How long In U. S. if of foreign birth? yrs. mos, ds.
2. FULL NAME Joseph Near	ting
(a) Residence: No. A fanaconing	St., Ward.
(Usual place of abode) PERSONAL AND STAUSTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Opril 7 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I ettended deceased from
201	april 1 2t 1932 to april 7 2 1932
6. DATE OF BIRTH (month, day, and year)	! list saw have alive on april 7 1932; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at . 4-17m.
3/1/23 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER actives Allaner	Influeza opill-32
kind of work done, as SPINNER actured Planner SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total frame (years)	
SAW MILL, BANK, etc. Coal Annie	
O fo. Date deceased last worked et 1f. Totel time (years) spent in this	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
(State or country)	Broncho premonio april 4.32
13. NAME Burrard Leatura	
13. NAME Bernard Seating 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margarets Colleges 16. BIRTHPLACE (city or town)	23_If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Miss Calherine A Ratione	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Mary's Cometry pate Upril // 1932	Nature of injury
TO HUDGOTAVED M. C	24. Was disease er injury in any way related to occupation of deceased?
(Address)	If so, specify
To 30 NOME Years	(Signed) M. J. M. Orrust M. D.
20. FILED	(Address) midland · md
If more blanks are maded address State Project	and Al Charles Company Debits and All Charles All Charles And

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	xample I	*	Example II		
The principal cause of dea of importance were as foll Arteriosclerosis	ath and related causes ows: RECEIVE		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis		1021	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 5 1932	July 5, 1927	Peritonitis	3 days ago	
	BURSON V.	3.			
Other contributory causes	of importance:	3	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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	-CERTIFICATE OF DEATH 03639
1. PLACE OF DEATH	(108)
County allegany	Registration Dist. No.
Village or City Gelbland Wa.	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 49 yrs.	F-//
2. FULL NAME John Samuel	Keller Si.
(a) Residence: No. 6 Echant Tyd	St., Ward.
(Usual place of abode)* PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBANO of	
(or) WIFE of anna Keller.	22. A HEREBY CERTIFY, Thet I attended deceased fr
6. DATE OF BIRTH (month, day, and yaar) Dec 3, 1857	Hast sawh am elive on apr 3, 1995; death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebova, at 3 a.m.
75 4 / 1 dey, hr	ware an follows:
8 Trada, profession, or particular kind of work done, es SPINNER, 2	9 4 P
SAWYER, BOOKKEEPER, atc. Cook Williams 9. Industry or business in which	deft dobar V wemours 1/1/
kind of work done, es SPINNER, Coal Tymer SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, Coal Tymes SAW MILL, BANK, etc. 10. Oate deceased last worked et	
this connection (month and	
yeer) 1913 spartin this 38 y	Other Coatributory Causes of importance;
12. BIRTHPLACE (city or town)	
(State or country) Germany. 13. NAME US Knowd	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diegnosis? Wes there en europsy?
15. MAIDEN NAME Not Known	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oata of injury, 19
(State or country)	Whera did injury occur?
17. INFORMANT John Keller Jr.	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
(Addrass) Echlart, WH.	
: Pleas german Sutheran Carpete afor 6 193	Mannar of injury
	Malure of mjuly
19. UNOERTAKER (Address)	24. Wes disease or Injury In eny way related to occupetion of daceased?
16 2400000	(Signad) C. K. Fracher
20. FILED 1932 Registrar.	(Address) Frostling Jud.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		NET TO THE PERSON OF THE PERSO		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



CAUSE

TION

BINDIN

FOR

MARGIN RESERVED

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUILDAU V. I				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
County allegany " " ATRILLE	Registration Dist. No.
Village or City Just burg	No. 08 130000 St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmg	ds. How long in U.S. if of foreign birth? /yrsmos d
2. FULL NAME Dary	ine
(a) Residence: No. 98 (Osual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Oay) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	·
(or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased tro
6. DATE OF BIRTH (month, day, and year) Uperl 1 1932	I last saw h ative on till form; death is sa
7. AGE Years Months Days If LESS than 1 day, hrs.	were as follows.
8 Trade profession or cartinular	Premative Separation
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decoased last workad at this occupation (month and	of Polar
11. Total time (years) this occupation (month and year) occupation	J. J. Aucenia
12. BIRTHPLACE (city or town) Frost Rug (Stata or country)	Other Coatribatory Causes of importance:
II 13. NAME Paul of Kling	
13. NAME Paul of Kline 14. BIRTHPLACE (city or town) Off on to (State or country)	Name at operation Data of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / annie & Kaylor 16. BIRTHPLACE (city or town) Pattleson Creek	23. If death was due to externel causes (VIOLENCE) fill in also the tollowing: Accident, suicide, or homicide?
17. INFORMANT P A Llyric (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Place Muska W. Va Date 193	Manner of injury
19. UNDERTAKER Address) // Harry Lynn my	24. Was disease or Injury In any way ralated to occupation of decaased?
20. FILED 1932 Low. O. M. C. Cone Registrar.	(Signed) M. (Address) Land Hully M.
If more blanks are needed address State Registrar	24. N. Charles Street Belginson B

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 5, 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURNAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

BINDIN

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Chronic interstitial nephritis MAY	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	DEATH			<u>(21)</u>	043
County	LLEGANY	WI	THIN CORP	ORATE LIMITS Registration Dist. No.	4
		AND MD	MEMOR	TANO HOSPTTAT. St., 6	Ward
length of resid	ence in city or town where	death occurred	ALE MOS	death occurred in a horpital or institution, give its NAME instead of street and in	number)
				handle and the state of the sta	105
	MEELVA_CA			TO COMPANY AND	
(a) Residence	e: No. III HU	MBIRD ST (Usual place	of abode)	RISTND, MDWard. If nonresident give city or town on	d State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
FEMALE	4. COLOR OR RACE WHITE		RIED, WIDOWED,	21. DATE OF DEATH APRIL 29, 1932 (Month) (Dey)	_, 193(Yeer)
5a. If merried, widowe HUSBAND of	d, or divorced				
(or) WIFE of				22. I HEREBY CERTIFY, thet I attended	deceased from
6 DATE OF BIRTH (n	month, day, end yeer) AU	G.18.192	23	I last sew h & alive on Capy 29 190	; death is said
7. AGE Years		Deys	If LESS than	to heve occurred on the dete steted above, et 3:45 mA . M.	,
9	8 4	11	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	1
Z 8. Trede, profess	sion, or perticular ork done, as SPINNER.			6,	Date of onset
SAWYER,	BOOKKEEPER, etc	STUDEN	1	Vonsellitie	23
work wes	usiness in which done, es SILK MILL, ., BANK, etc				1929
U 10. Date deceesed	d lest worked et	11. Totel ti	me (yeers) It in this		
	ation (month end	Spei	petion		
12. BIRTHPLACE (city	or town)MARYI	AND		Other Contributory Causes of importence:	apr.
(State or count			C	Cult ppullation	34
13. NAME	JAMES EDWAR	D LANGH	AM		1932
	· · · · · · · · · · · · · · · · · · ·	ENNSYLV	ANIA	Neme of operation appendes long Date of	apr 28 3
(Stete of C		** * *> *> *****			eulopsy?_40
15. MAIDEN NAM	Y INITIALIZATION			23. If death wes due to externel ceuses (VIOLENCE) fill in elso the followin	
16. BIRTHPLACE ((city or town)VIRG	INIA		Accident, suicide, or homicide? Dete of injury Dete of injury	, 19
	EMORIAL HOS	DTMAT		Where did injury occur?	ite)
(Address)	CUMBERLAND.	MD.	***************	Specify whether injuly occurred in Industry, in Home, of in Public Pl	LAUE,
18. BURIAL, CREMATI) 11-	,	Manner of Injury	
Plece	restill a	Spoate MA	4	Neture of injury	
19. UNDERTAKER	Janes &	Heus 4	fue	24. Wes disease or injury in any wey releted to occupetion of deceesed?	
(Address)	Curl	zala	d Ma	If so, specify	
29. FILEDEREL	30,19340	Yasself II	Decora!	(Signed) Court	
			Registrar.	(Address) 133 Va a	

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Example T	P. Carlotte	Example II	
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Arteriosclerosis 1992	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RIBETATE W. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should Exact statement AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may -WRITK PLAINLY, WITH UNFADI -WRITE

state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1 03644
County Cellegany,	Registration Dist. No.
Village or City Viele Summit	No. St., Ward
7/1	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?
2. FULL NAME Jane Teaker	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) merried	21. DATE OF DEATH Cybril 28 th 1932 (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of John Leaker	22. HEREBY CERTIFY, That I attanded deceased from about 27th 1932 to about 25th 1932
6. DATE OF BIRTH (month, day, and year) July 21-1861	Hast saw h 11 alive on april 27th, 1932; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at \$-10 A · m.
70 9 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.) Louise SAWYER, BOOKKEEPER, etc.	arteris Sclerasis 3/20/22
kind of work done, as SPINNER. Journal of the Kind of work done, as SPINNER. Journal of the Kind of work done, as SPINNER. Journal of the Kind o	
10. Date daceased last worked at this occupation (month and year) 11. Total time (years) spent in this 49 occupation	
12. BIRTHPLACE (city or town) Vall Summit - md	Other Contributory Causes of importanca:
(State or country)	
13. NAME TEN HAUDUNGE	
13. NAME TEVY HAWKINGTHE 14. BIRTHPLACE (city or town) Scotland (State or country)	Name of operation Date of
(State of country)	What tast confirmad diagnosis? Was thara an aulopsy?
15. MAIDEN NAME Conside Mc Ribbon 16. BIRTHPLACE (city or town) Sreland	23. If death was due to external causes (VIOLENCE) filt in also the following:
[16. BIRTHPLACE (city or town) Sulface (Stata or country)	Accidant, suicide, or homicide?
(State of County)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Woman Scarce (Addrass) Vall Summit - mb	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAY'S Place of michael's Data May 2- 1932	Manner of Injury
19, UNDERTAKER J. R. Durst	24. Was disease or Injury In any wey related to occupation of deceased?
(Address) 9 Thoseling: md	If so, specify
20. FILED /30, 1932 DM.O. M. Lane Registrar.	(Signad) M. M. D. (Address) Midland M. D.

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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	OOL VAM	3 days ago
			RECEIVED	
Other contributory causes of importance:		Other contributory c	auses of importance:	J
Gallstones	May 1,1923	Gastroenteritis		1 year

stated EXACTLY. MARGIN RESERVED FOR BINDING AGE should be

V. S. No. 1

should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement properly classified. certificate. pe See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLA	CE OF DEAT	гн ,		THIN CORP	PRATE LIMITS	o. DEATH	U3645
Cou	nty	Alle	gany	· ·		Registration Dist. No	44
Villa	ge or City	Cumber	land	(lf	No. Manual death occurred in a hospital or institu	tion, give its NAME instead of	St., Ward
Leng	th of residenca in cit	ty or town where d	eath occurred		ds: How long in U.S.if o	f foraign birth?yrs	ds.
2. FUL	L NAME	telles	use	Lei	lin		
(a)	Residence: No		(Usual place		St.,Ward.	If nonresident give city	or town and State
PE	RSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF D	EATH
3. SEX	4. COLO	R OR RACE		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH		, 193
5a. If marris	id, widowed, or divo	rced	-200	7-7-		(Month) (Day	y) (Year)
HUSBA (or) W	ND of				22. I HEREBY	CERTIFY, Thet	I ettanded dacaased from
						, 19, to	, 19
6. DATE OF	BIRTH (month, day	(, and year)			I last saw h elive on		, 19; death is said
7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.	to hava occurrad on the date stata The PRINCIPAL CAUSE OF DEAT were as follows:		
8. Tre	da, profession, or pe	erticu lar			. Weit as joilous.		Date of onsat
9. Ind	kind of work dona, SAWYER, BOOKKEE	PER, etc	*******				
S. Ind	ustry or business in work was done, es S	which			Stillbe	orn child.	
000	SAW MILL, BANK, a e deceased last wor	atc	11 Total t	ime (yeers)			
O To Dat	this occupation (mor	nth and	spa	nt in this upation			
	year)		000	a pation	Other Contributory Causes of Impo	ortance:	
	LACE (city or town): te or country)						
1	1/0000	Randall	Leslie	9		w	
I	AIC	7/0770		,			
[14. BIR	THPLACE (city or to (State or country)	wn)W	ersdale.	ra.	Name of oparetion		
œ 15 MA		Marie Ha	nnger.		Whet test confirmed diagnosis?		
Ξ -		Rock	wood. I	Penna.	23. If death was due to axternal ceu		
0 16. BIR	THPLACE (city or to (State or country)	wn)	Livo ou ,	. CIIIIC •	Accident, suicida, or homicide?	Date of in	Jury, 19
17. INFORM	ANT Mer	rocial	Horpi	tal	Where did injury occur? Specify whether injury occurred i	(Specify city or town, con n INDUSTRY, in HOME, or in	anty and State) PUBLIC PLACE,
	CREMATION, OR A	EMOVAL 4		4			
	Mom. 1	topitas	Date of	12-,1972	Manner of injury		
19. UNDERT	AKER Medicass)	morie	of Hory	ital	24. Wes disaesa or Injury In eny w	vay related to occupetion of d	eceased?
20. FILED	pus .	1932 014	sruey!	Mercal Registrar.	(Signed) (Address)	Hawte	eers M.D.
				ACESSITUT.	(1101000)		The Day

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURKAU V S			
Other contributory causes of importance:	PER	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIN(

MARGIN RESERVED

V. S. No. 1

20. FILED Seel 19 , 19

1	County Allegany Village or City Cumberlan	WITHIN CORPORATE	210-00	number)
2		olly Lewis		
	(a) Residence: No. August	(Usual place of abode)	St., Ward. If nonresident give city or 10wn an	d State
- American	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH April 18, 1932 (Month)	, 193 (Yeer)
5a.	. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. April HEREBY CERTIFY, That I attended	deceased from
	DATE OF BIRTH (month, day, end year) AGE Years Months 22	Days If LESS than 1 day, hrs. or min.	to have occurred on the date states above, at 1:00Pm The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	death is said
OCCUPATION	h. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Orchard 11. Total time (years) spant in this occupation	Contraios of brown	4-1-3-
12.	BIRTHPLACE (city or town) West 1	/irginia	Other Coutributory Causes of importance:	
ER	13. NAME Nobel Le	ewis		
FATHER	14. BIRTHPLACE (city or town) Wes	st Virginia	Name of operation Africa Africa Quate of What test confirmed diagnosis? Was there an	4-1-7-32 autoney?
ER	15. MAIDEN NAME COTA HOC	kman	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town) Wes	st Virginia	Accident, sulcide, or homicide? Accident, Date of Injury 4	1719.35.
	INFORMANT MEMORIAL HOS (Address) CUMBERL		Specify whether injury occurred in MDUSTRY, in HOME, or in PUBLIC P	ACE.
18.		va April.20.1	Magner of injury land on the ac	El &
19	John.C. Vol.	ord d: Md	24. Was disease or injury in any way related to occupation of deceased?	

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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a team	Example I		Example II	
The principal cause of of importance were as if	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. MAY 6 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	his MAY 6 1832	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURNAU V. W.	July 5,1927	Peritonitis	3 days ago
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Registrat (Address) __ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. (Year)

death is said

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. Mo. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03648
1. PLACE OF DEATH WITHIN CORPOR	(11.5)
County allegany WITHIN CORPOR	Registration Dist. No.
Village or City Receptuland	No. allegame / tope St. 4 Ward
(If	death occurred in a houghal or institution, give its NAME instead of street and number)
Das marin Ditto	ds. How long in U.S. Wot foreign birth?yrsmos ds.
2. FULL NAME MISS MAY TIME	
(a) Residence: No. / Qual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE OR DIVORCED (wrighthe word) Thursday 4. COLOR ON RACE OR DIVORCED (wrighthe word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1932 to April 30 1932
6. DATE OF BIRTH (month, day, and year) 1878	1 last saw h l alive on april 79 - 1932; deeth is sald
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 3 5 m.
56 - 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Date of onset
SAWYER, BDDKKEEPER, etc.	axophhalmic gailer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceesed last worked et this occupation (month and yeer) 11. Total time (years) spant in this occupation	
R AL D	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	1 1/1 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
E 12.11-0 0	The said of many
4 14. BIRTHPLACE (city or town) (Stato or country)	Name of operation Date of 4-16-32
	What test confirmed diagnosis? Was there an autopsy?
I B. A. J. A. C.	23. If death was due to external causes (VIOLENCE) fill in also the following:
(Stete or country)	Accident, sulcide, or homicide?
17. INFORMANT Thomps H. Felles	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Bedford la Date May 1/1932	Nature of injury
19. UNDERTAKER Would theut Luc	24. Was disease or injury In any way related to occupation of deceased?
(Address) Lessefre and Marine	(Signed) 1000 1100 M.D.
20. FILEDOUL 30 , 193 W Mansley W. Meles Registrar.	(Address) 122 Bldford St. Cilc
If more blanks are needed, address State Revistrar	2411 N. Charles Street, Baltimore, Requesting FD. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
31.88.10			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UDDITIONAN	DI AUL	I OIL	L OKTITE	DIVITINITINI	T 7	T TY T DI CT TY TA

RECORD BIND PERM Y MARGIN RESERVED FOR WITH UNFADING INK--THIS IS PLAINL

V. 8. No. 1

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Exact Every Item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County Collegany	CERTIFICAT	MARYLAND E OF DEATH Diet. No. 12
Village or City Village (No	St.: War Llewelly,	d) (If death occurred in a hospitel or institu- tion, give ite NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH April (Month)	2 nd , 19 2
6 DATE OF BIRTH Capil 2 nd 1932 (Month) (Day) (Year)	that I past saw hat Notified on Offi	ttended the deceased from 1923 2,
7 AGE If LESS than 1 day hrs. or min.?	The CAUSE OF DEATH * was as follows:	ed above, at 1/9m.
8 OCCUPATION (a) Trade, profession or particular kind of work	Spritariens a	locken
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	
9 BIRTHPLACE (State or country) manyland	Secondary	yrsmosde.
10 NAME OF FATHER Wesley Gleurlyn	(Signed) M. Ah Columnia 2002 (Address) Miles	stand. Ind
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Deat Violent Causes, state (1) Mcans of Accidental, Suicidal or Homicidal.	h, or, in deaths from Injury and (2) Whether
a of MOTHER Cythia Roms	18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death yrs	he teteyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
(Informant) Wholey Heurlyn (Address) hadruf hid	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed apr. 2 nd 19232 R. Stuken	20 UNDERTAKER	ADDRESS
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Belto., Requesting V	. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underacaident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH

County

Village or City

STATE OF MARYLAND—CERTIFICATE OF DEATH

(if death occurred in

(Year)

death is sald

Date of onset

DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUEFAU V.S.			
Other contributory-causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

buld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 63651
1. PLACE OF DEATH	OP TELINATION (ILE)
County allegamy.	Registration Dist. No.
Village or City Granderland	No. Allegany Hall St., 4 Ward
	death occurred in a hospital or institution, give its NAMP instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles In Inana	ann.
(a) Residence: No. 420 Oldton	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Alta Kinkard	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Afric 30 1864	I last saw hour alive on Amel 17, 19 DZ death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.1.452.m.
67 1 1 14 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Sale of others
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Clecephaleles
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK with the work west done with the work west done with the work with t	
10. Date deceased lest worked et this occupation (month and year)	
al.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Ca Do. And Da
I 13. NAME Samuel B. Marquein	- Julian Julian State of the St
14. BIRTHPLACE (city or town)	Name of operation has a paralowy Date of 4-11+32
(State of country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANTA alte marginis	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cultural mol	
18. BURIAL CREMATION, OR REMOVAL PISCOCKETTONE W Date BAN 15, 19 3 &	Manner of injury
19. UNDERTAKER Coming Stain Ruce.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILE Plan 15, 19 Offerne Jol Miss. Registrar.	(Signed No Mathema M. D. (Address) 122 So Quelre St.
If more blanks are needed address State Peristran	N Charles Street Baltimore Brown G1 S N

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BURNAU T. S.	July 5, 1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(H)	ORD. Every item of infor- HYSICIANS should state t statement of OCCUPA-
D FOR BINDIN	-WRITE HLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information cloud be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDIN	-WR TE, PLAINLY, WITH UNFADING INK-THIS IS A PER mation elould be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
• (-WR TR. PLAINLY, WI mation cloud be careful CAUSE OF DEATH in p TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH 03652
1. PLACE OF DEATH	
County alleghans	Registration Dist. No.
/ ///	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) 2 7 ds. How long in U.S. If of foreign birth? yrs. 10 mos. 2 7 ds.
2. FULL NAME Edward Junes	matheus).
DI (+)	St. Ward.
(a) Residence: No. (Usual place of abode)	1f nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	4-20 1932 10 4-2/ 1932
6. DATE OF BIRTH (month, day, and year) There 24 1925.	I last saw here alive on ufr. 20 , 1932; death Is said
7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, et 3.50 Cm.
. 6 10 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8 Trade profession or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Hemoryhage deel
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	lo gun shot would, (shohgan)
10. Date deceased last worked et this occupetion (month end year) spent in this occupetion	
A.b. mis	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	Neme of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Wasel Smith	23. If death was due to external ceuses (VIOL ENCE) fill In also the following:,
15. MAIDEN NAME	Accident, suicide, or homicide accident Date of injury 4/20, 193 2
State or country)	Where did Injury occur? Petan, Md
17. INFORMANT Mrg Edward Mathieva	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Of Constant	Manner of Injury Accidental descharge & choffing
Place Marcow md Date apre 23, 195	Nature of injury
19. UNDERTAKER 3.1 B	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED april 22, 19 S. a, Brucher Registrar.	(Signed) Zong John M. D. (Address) Sanatalinea Held-
	2411 N. Charles Street. Baltimore. Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WINDAM VINCENT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA
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FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	U	U	15	3	

1	. PLACE OF DEA		1	MITHIN OON	PORATE	E LIMITS (9)			0000
	County	legany					Registration Di	st. No.	4
	Village or City	Cumberla	nd. I.d	_~~===	No.	Alderan		St/	Ward
	Length of residence in o	rity or town where	death occurred			red in a hospital or institu . How long in U.S. if o			
		Helane.		THE 88	us.	. now long in 0,3,11 c	or roreign birth!	yrs	nos ds.
2	. FULL NAME	MOP GOT	re.St						1
	(a) Residence: No.		(Usual place	of shode)	St.,	# Ward.	Manualdan si	e city or town an	1 C
	PERSONAL AN	ND STATIST			1	MEDICAL C	ERTIFICATE O		d State
3. SEX Female 4. COLOR OR RACE OR DIVORCED (dritte the word)					21. DAT	TE OF DEATH	Apri	1 27.19	70
5a	If married, widowed, or div	porced				# ** * * * * * * * * * * * * * * * * *	(Month)	(Day)	(Year)
	HUSBAND of (or) WIFE of	01000	• • •		22. a	Thill IT	CERTIFY	that lattender	I deceased from
6.	DATE OF BIRTH (month, da	ay, and year)	ne. 6.	L926	I last saw	hat alive on	spirl B	7 193.	2, death is said
7	AGE Years	Months	Days	If LESS than I day,hrs.		ccurred on the date state		m.	
	5	10	21	ormin.	were, as 1	CIPAL CAUSE OF DEAT	TH and related causes	of Importance	Date of onset
N	8. Trade, profession, or p kind of work done SAWYER, BDDKKE	articular , as SPINNER,			Like	abelis	Come	2/	1930
ATI	9 Industry or husiness i	n which			-				
UP	work was done, as SAW MILL, BANK,	SILK MILL.						· · · · · · · · · · · · · · · · · · ·	
OCCUPATION	10. Date deceased last wo this occupation (mo year)	orked at onth and	spe	ime (years) nt in this upation					** ** ** ** ** ** ** ** ** ** ** ** **
12	BIRTHPLACE (city or town	, Ma			Other Con	ntributory Causes of impo	ortance:	1	
12.	(State or country)	/			S	bacute	nelle	ulis	1939
ER	13. NAME	Domenic	McDons	eld					-1-1-42
FATHER	14. BIRTHPLACE (city or t	own)	Wva		Name of o	operation h	ove	Date of	
F	(State or country)					confirmed diagnosis?	Kanina	Date of	was the
ER	15. MAIDEN NAME II	arraret	O;Donal			was due to external cau	uses (VIDI ENCE) 611 in		
MOTHER	16. BIRTHPLACE (city or t	own)	Va		1	suicide, or homicide?			_
ž	(State or country)	0111/				injury occur?		o or mjury	
17.	INFORMANT	ic.kcD			Specify wh	hether injury occurred in	(Specify city or lov n INDUSTRY, In HOME	wn, county and Sta , or in PUBLIC PI	ite) .ACE,
18.	BURIAL, CREMATION, DR				Manner of	f injury		************	
	Place St Pe	triaca.	Date ATI	11.29,19	Neture of i				
10	HADEDTAKED	ohn.C.Wo	ol ord			sease or injury in any w		in of doscood?	No
19.	UNDERTAKER	umberla	, , ,		If so, spec		ay related to occupatio	on or deceased?	
	- Cepter na	-2 V C	Norma 11	VI 24)	(Signe	1000	Hodge	A -	2 1 M D
20.	FILED COUL 29,	199	y wasy c	Registrar,		(Address) Cer	mball	and	ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	E C -		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	f death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	7061 9 1810	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	ECEMED	3 days ago
Other contributory causes of importance:		Other contributory can	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

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Haran San San San San San San San San San S			

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

state Exact statement of OCCUPAitem of infor-PIIYSICIANS should RECORD. Every stated EXACTLY. A PERMANENT properly classified. See instructions on back of certificate. IS ITH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may should be carefully supplied. TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

03654

				A
1. PLACE OF DEATH	WITHI	N CORPORA	TE LIMITS 93-2	
County Allegany			Registration Dist. No.	
Village or City Climber 1 an	dd	A	No. Manlagida. St., 6 - 47 f death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where	death occurred		sds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME George.	7.1c in	ney		
(a) Residence: No.	rlan.	.d	St Ward.	
(a) Residence. No.	(Usual place	of abode)	If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April . 30.1932	
5e. If merried, widowed, or divorced	1		(Month) (Oay) (Yea	ir)
HUSBAND of Ing. McKi	aney		22. I HEREBY CERTIFY, That lattended deceased	from
6. DATE OF BIRTH (month, day, and year)	pril.2.	1863	(last saw h sine alive on Afril - 20 ,19 2 ; deeth i	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 4.20 m. Pm	
69	28	I day,hrs.	mer as follows: Or DEATH and related causes of importence	
8. Trade, profession, or perticular kind of work done, es SPINNER,			Date of	anset
SAWYER, BOOKKEEPER, etc.			Gerous Regolardotes	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	tired B	.3.0.RCo		
10. Date deceased last worked at this occupation (month and year)	11. Totel ti	ime (years) nt in this upation		
12. BIRTHPLACE (city or town)	The same of		Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) (State or country)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The will thoron	
13. NAME BILD . MC . Ki	nevy		- W.	
13. NAME BILGO. AC. KI	Va		Name of operation	
14. BIRTHPLACE (city or town) (Stete or country)			Whet test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME DON'T.	Know		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (Stete or country)	Do.	t Zuch	Accident, suicide, or homicide?, Date of injury, 19_	
17. INFORMANT CAddress)	rey 1.1.1		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place In en.	Date	17.7.1,19.72	Nature of injury	
19. UNOERTAKER John . C (Address)	olf ra	,3	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO 21/3, 193 193 190	recey Il	Mees /	(Signed) Church VX array and,	.M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

BURKAU V. S.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03655
1. PLACE OF DEATH	PRATE LIMITS TOTAL
County allegans Williams	Registration Dist. No.
Village or City Combuland	ND. + 2 Tang ave St., 6-2 Ward death occurred in a hospital or inspitution, give its NAMP instead of street and number)
	death occurred in a hospital or instruction, give its IVAIVIEX instead of street and number) ds. How long in U.S. if of foraign birth?
2. FULL NAME Sefferson & Miller	
(a) Residence: No. 1423 gaing are (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. It married, widowad, or divorced	21. DATE OF DEATH And 14 193 (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That attanded daceased from
6. DATE OF BIRTH (month, day, and year) (1854)	1 lastsawhen alivo on a prif 14, 1932; daath Is sald
6. DATE OF BIRTH (month, day, and year) (und 1 3 7 7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 4.30. R. M.
78 1 day, - hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, BY CO HOTTLES SAWYER, BDOKKEEPER, atc. BY CO HOTTLES OF Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last workad at this occupation (month and yaar) Spent in this occupation (state or country) 12. BIRTHPLACE (city or town) West Vacant (State or country) 13. NAME 14. BIRTHPLACE (city or town)	Dther Coutributery Causes of importance:
14. BIRTHPLACE (city or town) (State or country)	Neme of operation. Mark. Data of
15. MAIDEN NAME Catherine Puller 16. BIRTHPLACE (city or town) (Stete or country)	What tast confirmed diagnosis?
17. INFORMANT for Italy Italy and And	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Burkly Spring, Date April 16, 1932	Manner of Injury
19. UNDERTAKER Janes Steine Ima	24. Was disaase or injury in eny way related to occupation of dacaased? 10.
20. FILED Ifeel 16, 193 - Warry N Orm	(Signed). (Addrass) (Addrass) (M. J. Jan. Jan. M. J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 5 4 5 7 7	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

03656

1. PL	ACE OF DEA	ŢH			STATE LIMITS (8)	
C	ounty al	legar	WI	THIN CORPO	Registrati	ion Dist. No.
v	illage or City C	unbe	dans		No. 302 Columbia	St. 3 Ward
					death occurred in a hospital or institution, give its NA	AME instead of street and number)
L	ength of residence in ci	ity or town where de	eath occurred	yrsmos	How long in U.S. if of foreign blrth?	?yrsmosds.
2. FL	JLL NAME	Mille	Justs	en Afen	nucks	
(:	a) Residence: No!	302/9	(Usual place o	f abode)	St., Ward.	dent give city or town and State
F	PERSONAL AN	D STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICA	TE OF DEATH
3/SEX	-le 4. colo	or or race	5. SINGLE, MARR OR DIVORCED	Describe the word)	21. DATE OF DEATH	23 , 193
HUS	rried, widowed, or diversity of the SBANO of WIFE of	efore	t		22. I HEREBY CERT	IFY That I attended deceased from
6. DATE	OF BIRTH (month, da	v. and vear)			Hast saw her dead ab	1932 death is said
7. AGE	Years	Months	Days	If LESS than 1 day,hrs. orQ_min,	to have occurred on the date stated allove, at -9. The PRINCIPAL CAUSE OF DEATH and related were as follows:	1
Z 8. 1	Frede, profession, or p kind of work done,	articular as SPINNER				Oate of onset
E D	SAWYER, BOOKKEE	EPER, etc.	uni		1 f . p 1 x1	
UPA	mdustry or business in work was done, as SAW MILL, BANK,	SILK MILL,	une		July Varia	
OCCUPATION .	Date deceased last wo this occupation (mo year)	rked et	11. Total tir	ne (years) t in this pation		
		0	100	<u></u>	Other Contributory Causes of importance:	
	HPLACE (city or town) State or coup(Ny)	Cui	lad.			
	NAME VICES	will !	Jarul	ill		annagan arangan daya fa fa fa da a a a a a a a a a a a a a
14. E	BIRTHPLACE (city or to	own)	1		Name of operation	Oate of
	(State or country)	M	d		What test confirmed diagnosis?	
15. A	MAIOEN NAME	refler	~ m	rmels	23. If death was due to external causes (VIOLENC	E) fill in also the following:
	BIRTHPLACE (city or to	own) / A	A		Accident, suicide, or homicide?	Date of injury, 19
2	(State or country)	0)	u n	-	Where did injury occur?	ty or town, county and State)
17. INFO	RMANT	Thirt	rel-d	level.	Specify whether injury occurred In INOUSTRY, In	n HOME, or in PUBLIC PLACE.
18. BURY	ALCREMATION, OR I	REMOVAL TO	Reporte Office	125-1972	Manner of injury	
.19. UNOE	ERTAYER LOLL Address)	in St	2	٠٠.	24. Was disease or injury in any way related to o	ccupation of deceased?
	71.10	1992 190	runt	Ozessa. Registrar.	(Signed) Lawred JV	arres 2 m.o.
-						4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BIND BLYBOGHOUSTATE OF MARYLAND—CERTIFICATE OF DEATH state infor-WITHIN CORPORATE LIMITS OCCUP, 1. PLACE OF DEATH should Registration Dist. No. County Bours Village or City (If death occurred in a hyspital oransitution, give ite NAME instead of street and number) 1-1-mos. 8 PHYSICIANS ds. How long in 0. S. if of foreign birth? Length of residence in city or town where death occurred Every statement 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX-4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of BINDIN Y. That I attended deceased from (or) WIFE of 1 × 6 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at FOR stated 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 0 or____min. IS Date of onset 8. Trade, profession, or particular TION THIS. MARGIN RESERVED kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which DCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at no 11. Total time (years) this occupation (month and spent in this that occupation. instructions year) _____ Other Contributary Causes of importance: 12. BIRTHPLACE (city or town) (State or country) terms. FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) ain (State or country) efully What test confirmed diagnosis?______ Was there an autopsy? D HER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: E 0 Accident, suicide, or homicide? Date of injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury S WRITE CAUSE mation TION Nature of injury 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Address If so, specify (Signed). Registrar. (Address) _. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			84

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, inpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-For violent deaths state means of injury Chronic etc. valvular heart disease; The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

i (M	state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH 03659
in for		1. PLACE OF DEATH	83-20
0 t	OCC	County allegany	Registration Dist. No.
item	<u>تم</u>	Village or City Wtestelnpart, md.	No. St, Ward
-=	. 0	Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
Every	AN sent	15.01. n 10.1 0	
Ĭ	YSICIANS statement	2. FULL NAME William Randolph M	way
RECORD.	PHYSICIAN ct statemen	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
0 0	PH ict	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE	. Pl Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
1		Male white OR DIVORCED (write the yord)	(Month) (Day) (Year)
	A C T assified	5a. If married, widowed, or divorced HUSBAND of	
DI	A C Issi	(Or) WIFE OF Rachael Unn Merell	22. HEREBY CERTIFY. Mar lattended deceased from
BINDI	C K	6. DATE OF BIRTH (month, day, and year) March 18th. 1856	Hast saw / And office in 1 / Phy / 7, 19 3. 2 death is said
Fried	arly cate	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et / 3. 3
FOR IS A	stated E properly certificate	76 0 30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
		8 Trade profession or particular	were as follows:
ED	be of	kind of work done, as SPINNER Califord Rais Road	Mu polic / 6+ plexy 4/176.
	should it may n back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
RESERVED G INK_THIS	sho it n	O 10. Data deceased last worked at 11. Total time (years)	
E I	4	this occupation (month end spent in this occupation spent in this	
Z		12. BIRTHPLACE (city or town) Grant Ct. W. Vs.	Other Cuntributery Canses of importance:
ARGIN DUNFADIN	d so ructi	(State or country)	White was
RG VF.	upplied terms, instru	13. NAME Wade Hampdon Heville	MAITE
MARGIN	supplied. in terms, See instru	13. NAME Wade Hampdon Heville 14. BIRTHPLACE (city or town) David Know.	Name of operation Date of
-	-= 70	(State of Country)	What test confirmed diagnosis?
WITH	carefully H in pla ortant.	15. MAIDEN NAME Sarah Cassidy 16. BIRTHPLACE (city or town) / Lampahin Ct.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
K.	be carefu SATH in p mportant.	5 16. BIRTHPLACE (city or town) / Jampahir Ct.	Accident, sulside, or homicide? Date of injury, 19
• PLAINLY	AT mpc	State or country)	Where did Injury occur? (Specify city or town, county and Statu)
	d Ein	17. INFORMANT Mrs. D. Klewey Smith	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	£ 7 9	(Address) 605 Logan St. Steubnville, Oho.	
TE	S H II	Place This emetery Date april 20, 1972	Manner of injury
WRITE	CAUSI TION	· 4141 1 10 . 6	Nature of injury
	CA	19. UNDERTAKER WY Stillbolk. (Address) Didmont W 12.	24. Was disease er injury in any way related to occupation of deceased? If so, specify
B. Ro.	(0.110 (16)-1.	(Signed) Mer D. Milaud M. D.
> z	(1)	20. FILED Pres 19. 1932 Registrar.	(Address) PAR LICE DATE MA.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. N. 1.

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Chronic interstitial nephritis MAY 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-

of OCCUPA-

Exact statement

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

is very important.

LION

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Allega WITHIN CORPO	Registration Dist. No.
Village or City E land	No. Memorial Roobital St., 6-2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth? yrsmos ds.
2. FULL NAME Stittlesthe Du	ha
(a) Residence: No. President Mo	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
	april 26, 1932 10 Good 16, 1932
6. DATE OF BIRTH (month, day, and year) Con 26-32	I last saw h ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, etm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc.	
year) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	Placenta reera
13. NAME Carloy Jarker	Memo Hemmeliago.
13. NAME Carlton Darker 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Olive Trans	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Carlton Dankar	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Olellann md Date april 26,1932	Neture of injury
Bon 1xa P. Bon	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Caracton Cuffes	If so, specify
al survey free Alle	(Signed) Walter B. Julium, M. D.
20. FILED July 2, 1972 Harrely Vien	122 R Phys M:

Registrar.

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MAY 6 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state OCCUPA-

PHYSICIANS

EXACTLY.

stated

pluods may

properly classified.

certificate.

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See instructions on back

OF DEATH in plain terms, so that

is very important.

FION

17. INFDRMANT

19. UNDERTAKER

M. E. B. Owens

(Addrass) 18. BURIAL, CREMATION, OR.

(Address)

of

Exact statement

1	STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH CDUNTY Allegany, WITHIN CORPORATE LIMITS Registration Dist. No. Village Dr City Gumberland, Md. No. Memorial Hospital St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs, mos. 6. ds. How long in U.S. If of foreign birth? yrs. mos. ds.						
2	2. FULL NAME MRS. Em						
	(a) Residence: No. 446 Se	eymour St. City	7 St., 6-2 Ward. If nonresident give city or town and State				
	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH				
3. 5	Female 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Narried	21. DATE OF DEATH April 28 , 193 2 (Month) (Day) (Yaar)				
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Georg	ge W. Parsons,	22 JHEREBY CERTIFY That I attended deceased from 2 1932 to fer 2 1932				
6. 1	DATE OF BIRTH (month, day, and year)	March 27, 189	I Jast saw h alive on				
7. /	AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at				
NOI	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	Housewife,	Carel al about				
OCCUPATION	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Chrome intested Seft				
50	10. Data daceased last worked at this occupation (month and year)	11. Totel time (yeers) spant in this occupation	(731)				
12. BIRTHPLACE (city or town) (Stata or country) Pennsylvania			Other Contributory Causes of importance:				
E 20	13. NAME Shover	?	1932				
FATHER	14. BIRTHPLACE (city or town)	ylvania.	Name of operation				
ER	15. MAIDEN NAME Alberta	9	23. If death was due to external causes (VIOLENCE) fill in also the following:				
MOTHER	16. BIRTHPLACE (city or town)	svlvania.	Accident, suicide, or homicide? Date of injury				

BIRTHPLACE (city or town) (Stata or country) Pennsylvania,	_ Ceribral apopleyy
13. NAME Shover, ?	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country) Pennsylvania,	What test confirmed diagnosis? Was there an autor
15. MAIDEN NAME Alberta, ?	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country) Pennsylvania,	Accident, suicide, of nonnerde:
INEDDMANT Memorial Hospital.	Where did injury occur? (Specify city or town, county and State) Specify whather Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?

If so, specify. (Signed)

land

Cumber

Registrar.

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BUNG TO VIE				
Other contributory causes of importance:		Other contributory causes of importance:		
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Example I		Example II		
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Arteriosclerosis MAY 6 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial naphritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURKAU V. 8. !!	July 5,1927	Peritonitis	3 days ago	
Reduction the buildings are a state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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classified. stated EXACTLY RECORD proper pe may be should that ACE WITH UNFADING INK--THIS poliddus terms Should I CIANS should state CAUSI statement of OCCUPATION Information Every Item of CIANS should

of certificate.

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(Address)

Filed

PLACE OF DEATH ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWED, 3 SEX 4 COLOR OR RACE OR DIVORCED 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than l day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work Return (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

Registration Dist. No. (If death occurred in a hospital or institu-St.: Ward) tion, give its NAME in-

STATE OF MARYLAND CERTIFICATE OF DEATH

Marchaelf stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Cofu. 7, 192 Z
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
4-1 1932 10 4-7 1932
14-7
that I last saw h My alive on 4-7 , 1932,
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
Bright Descare

(Duration) 2 yrs. mos. ds.
Contributory Secondary
b contract to the contract to
(Durstion) yrs mos de,
(Signed) M. D.
4-8 1927 (Address) 5 lister, 1905
*State the Disease Causing Death, or, in deathe from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place
of deathyrsmosds. Stateyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Reeper, 4, Va Goog, 1922
VADDECE VI

If more branks are naedad, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Ragistrar

S. No.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Collon mill; (a) Solesman, (b) Grocery; without more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, approved by Committee on carbolic ocid-probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUBRPERAL peritonitis," etc. "(Exhaustion," "Heart range, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railwoy troindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonoeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. affection need not be valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN FOR RESERVED MARGIN

S. No.

statement PHYSICIAN RECORD. Exact PERMANENT classified. certificate. properly stated THIS pe Jo may back on that instructions See carefully important. Ξ OF CAUSE LION

OCCUPATION

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH WITHIN CORPORATE LIMITS ALLEGANY Registration Dist. No. Village or City CUMBERLAND MEMORIAL HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs. mos. ds. How long in U. S. If of foreign birth? vrs. mos. ds. 2. FULL NAME ADA RITCHIE (a) Residence: No. SPRING GAP MD, (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) FEMALE (Year) 5a. If married, widowed, or divorced HUSBAND of JACOB RITCHIE (or) WIFE of 6. DATE OF BIRTH (month, day, and year) APRITI. 7. AGE Yeers Devs If LESS than to have occurred on the dete steted above, at __ 3 : 15 m. m. Months 1 day, ---- hrs. 35 or____min. 8. Trade, profession, or particular kind of work done, as SPINNER HOUSE. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc._____ 10. Date deceesed lest worked at 11. Total time (years) this occupation (month and spent in this occupetion 12. BIRTHPLACE (city or town) WEST VIRGINIA (State or country) FATHER 13. NAME CHARLES DOVE 14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME MARION WHETZET 23. If death was due to external ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______, 19_____ 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?____ (Specify city or town, county and State) 17. INFORMANT MEMORIAL HOSP Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	dermo	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURYAU V. S.	July 5, 1927	Peritonitis	3 days ago	
The market with the Comment of the C	i			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

County	
Village or City	4
(If death occurred in a hospital or institution, give its NAME instead of street and Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs nos. 2. FULL NAME (a) Residence: No. (busual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day hrs. or min. 1 day hrs. or min. 1 day hrs. or min. 1 Less than 1 day min. 1 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 1 S. Trade profession or particular.	- 7 -11
2. FULL NAME (a) Residence: No. Spring Gap Md (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day phrs. or more identically or town and MEDICAL CERTIFY That I attended to have occurred on the date stated ebove, at 1 min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	number)
2. FULL NAME (a) Residence: No. String Gap Md (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day hrs. or min. 1 day hrs. or min. 1 day hrs. or min. 1 day a hrs. or min.	osds
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. 1 last saw h	
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. OF H.E.R. E.B.Y. C.E.R.T.I.F.Y. That I attended (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than I day hrs. or min. 21. DATE OF DEATH (Month) (Day) 22. OF H.E.R. E.B.Y. C.E.R.T.I.F.Y. That I attended to have occurred on the date stated ebove, at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State
OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. ALE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than I day hrs. Ormin. 1 PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. HEREBY CERTIFY That I attended 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day hrs. or min. 8. Trade profession or portionless.	1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day hrs. or min. 1 day hrs. or min. 1 Less than 2 day and related causes of importance were as follows:	(Year)
7. AGE Years Months Deys If LESS than 1 day hrs. or min. to have occurred on the date stated above, at 1 1 87 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	deceased from
7. AGE Years Months Deys If LESS than 1 day hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1992
1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is sai
8 Trade profession or particular	
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
	175
9. Industry or business in which	-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occuration (month and separation this	
year) occupation ,	-
12. BIRTHPLACE (city or town) Md Other Contributory Causes of Importance: (State or country) Other Contributory Causes of Importance: Addisorred Contributory Causes	193
E 13. NAME Jacob. Rithio	
13. NAME Jacob. Rithic 14. BIRTHPLACE (city or town). WV9 Name of operation Version Date of J	932
What test confirmed diagnosis? Was there an	utopsy? Ac
15. MAIDEN NAME Ada. Ritchie 23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? (State or country) AVA. Where did injury occur?	
(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL (Address)	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Travle. Hill Md Date Aril 19.32 Nature of injury Nature of injury	
19. UNDERTAKER John . C . Wolf ord 24. Was disease or Injury In any way related to occupation of deceased? (Address)	no
20. FILED Male 19, 19 Daniel Al Duran (Signed) Cumberland Ju	

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Other contributory causes of importance:		Other contributory causes of importance:	W	
Gallstones .	May 1,1923	Gastroenteritis	1 year	

See letter 1	under	Weiss	5/4/32"	slating	child	· was born dess
			/ /			(min)

Dr Williams

FOR BINDIN

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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V	U	1)	V	13

1. PLACE OF	EATH	W	THIN CORP	OSATE L	1)			00000
County	Allegar	y			TIVITIS	Registration	Dist. No.	
Village or City_	Cumber	and. Md				Hospita		1,6-2 Wa
Length of residence	e in city or town where Cathe	death occurred				titution, give its NAN		
(a) Residence:	No. Flir	(Usual place	of abode)	St.,	Ward.	If nonresiden	nt give city or tow	n and State
PERSONAL	AND STATIST	ICAL PART	CULARS		MEDICAL	CERTIFICAT	E OF DEAT	ТН
Female 4.	color or race		RIED, WIDOWED, D. (write the word)	21. DATE	E OF DEATH	April.	19.19	, 193
a. If married, widowed, on HUSBAND of (or) WIFE of	f divorced			22. //_	HEREE	(Month) SY CERTIF	(Day)	(Year)
		July	19.1920	4.	1	19 to	4	9 - 19.3
6. DATE OF BFRTH (mon 7. AGE Years	th, day, and year) Months	Days	If LESS than	-	alive on	7	Am. 19	death is so
11	months 9	Days	1 day,hrs.			ATH and related cau	ises of importance	Date of ons
8. Trade, profession kind of work	or particular done, as SPINNER, OKKEEPER, etc			1. Ad		0 /		
9. Industry or busin		n551			rane	Lovu	luvo	una
- Maria occupatio	st worked at	spe	ime (years) nt In this upation					No.
12. BIRTHPLACE (city or		Md		Other Contr	ibntory Canses of in	nportance:		th
(State or country)	lph. Robi	nette		1	Vica	ses		2
	or town)	hid		Name of ope			Date	
	Clara.Ste	irstori	er		*.	(MOL FNOF)		
15. MAIDEN NAME 16. BIRTHPLACE (city (State or coul			Aid.	Accident, su	iclde, or homicide?.	causes (VIOL ENCE)		
17. INFORMANT(Address)	Ralph. Ro	binette			njury occur?	(Specify city of in INDUSTRY, in H	or town, county an OME, or in PUBL	nd State) IC PLACE,
8. BURIAL, CREMATION,	OR REMOVAL			Manner of in	niury			
Place 277	Robinett	e Date Apr	19 9	Nature of In				
19. UNDERTAKER	ph. Smith				se or injury lay any	way related to occu	pation decease	d?
20. FILED Miles		arus de	Musa	(Signed	///	2	Hell	anus

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

properly classified.

TION is very important. See instructions on back of certificate.

PLAINLY,

B.—WRI matio

County Allegany Village or City Cumberland. Mc	(1)	ND	Registration Dist. No. St., Warron, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred		sds. How long in U.S. if of	foreign birth?ds
(a) Residence: No. R.F.D. 4	ce of abode)	St., Ward.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PART		MEDICAL CE	RTIFICATE OF DEATH
Female White OR DIVORC	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH	April.11.1932 (Month) (Dey) (Year)
If married, widowed, or divorced HUSBAND of Charley.C.Robins (or) WIFE of			CERTIFY, Thet I ettended deceesed from 19, 19
DATE OF BtRTH (month, day, end yeer) Lune. 15. AGE Years Months Days 65 8 27	If LESS then I dey,hrs.	to have occurred on the date steted	
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	time (yeers) ent in this cupetion	Organiel	teart Rissand
BIRTHPLACE (city or town)	Ad	Other Contributory Canses of import	tance:
13. NAME Theodore. Valent	ine.	,	
14. BIRTHPLACE (city or town) (State or country)	Md		Date of
15. MAIDEN NAME MARY Wolf 16. BIRTHPLACE (city or town) Md (State or country) INFORMANT CARLEY C. tobine (Address)		Accident, suicide, or homicide? Where did injury occur?	es (VIOLENCE) fill in elso the following: Dete of injury, 19
BURIAL, CREMATION, OR REMOVAL Piece Hill Crest Date A			

(Address) ...

Registrar.

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Example I			Example II	4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as	f death and related causes follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 2001 9 tem	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	DEIVISOR	3 days ago
			Common Co	
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPAinfor-1. PLACE OF DEATH should Registration Dist. No. JO. (If death occurred in a hospital or institution, give its NAME instead of street and number) Every Length of residence in city or town where death occurred How long in U.S. If of foreign birth?_____yrs.____mos.____ds. statement PHYSICIAN RECORD. (a) Residence: No. If nonresident girl city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT suig 0 classified. 51. If married, widowed, or divorced BINDIN HUSBANO of 22. (or) WIFE of Ξ 6. DATE OF BIRTH (month, day, and yeer) certificate. properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above. FOR I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trede, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER, be of SAWYER, BOOKKEEPER, etc. Industry or business in which plnous may back work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at 11. Total time (years) this occupation (month and spent in this so that occupation instructions MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied. OF DEATH in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME important 23. If death wes d 16. BIRTHPLACE (city or town Accident, suicide (State or country) Where did injury plnous Specify whether (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE LION Nature of injury 24. Was disease of 19. UNOERTAKER (Address) if so, specify... (Signed) __

193

attended deceased from

(Year)

Date of enset

(Oay)

wes due to external causes (VIOL	ENCE) fill in also the following	ng:
uicide, or homicide?	Date of injury	, 19
injury occur?(Speci (Speci ether injury occurred in INOUSTI	fy city or town, county and St RY, in HOME, or in PUBLIC P	ate) LACE,
injury		
ase or injury in any way related		
fym. Im wa (Address) midla	rust	
es Street, Baltimore, Requesting T		

Registrar.

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ROBEVDAGE

State

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Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis MAY 6 1932	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V.S.					
Control of the second of the s					
Other contributory causes of importance:		Other contributory causes of importance:	E LITE		
Gallstones	May 1,1923	Gastroenteritis	1 year		

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BINDIN

FOR

MARGIN RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
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Registrar.

Ward

(Year)

Date of onaet

That I atlended deceased from

Was there an autopsy?

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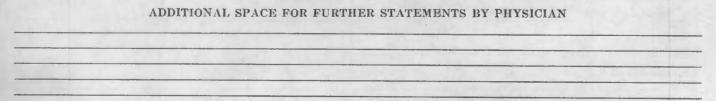
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF	MARYL	AND-CERTIFICA	TE OF	DEATH
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0	3	0	6	10
V	4.0			

1. PLACE OF DEATH	(31)	
County Cillyany	Registration Dist. No.	
Village or City Cocalace	No	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and n s	
1 0 0 0	in the state of th	15
2. FULL NAME John Selv Sr.		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of) Ausbaud & Minnie Seil	22. I. HEREBY CERTIFY, That I ettended of	deceesed from
6. DATE OF BIRTH (month, day, and year) Offil 11-1862	I lest sww have alive on april 29th, 1932	; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the dete steted above, atm.	
70 19 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, Retired Coal huies SAWYER, BOOKKEEPER, etc.	arterio sclevoso	hr.193
kind of work done, es SPINNER, Retired Coal human kind of work done, es SPINNER, Retired Coal human 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and the coangling (month and the coangling (month and the coangling form).	Chronic interstitial meghnitis;	
10. Date deceased lest worked at this occupation (month and 1917 spent in this poccupation 5 0 %	two years' Swistin, Center of	
12. BIRTHPLACE (city or town) 1 Lesser	Other Contributory Causes of importence:	0
(Stete or country) Germany	Uraemia	13 hrs
13. NAME John Seil		
13. NAME John Seil-	Neme of operation Date of	
(Stete of country)	Whet test confirmed diagnosis? Was there an e	utopsy?
15. MAIDEN NAME Ont kum	23. If death was due to external ceuses (VIOL ENCE) fill in also the following	:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) Survivaria	Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17. INFORMANT Mrs. minuie Seit (Address) Western md Rut +	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	(CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Belirdere Date may 3 1932	Neture of injury	
15. UNDERTAKER mr. Hafer	24. Was disease or injury in any way related to occupetion of deceased?	w
(Address) tretting. m.d.	If so, specify	
20. FILED TO AN 1, 19 52 Registrar.	(Address) midland. md.	

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E.V. LAU V. S.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 yeor

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH pluods Registration Dist. No County Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U.S. if of foreign birth? Langth of residence In Aity or town where death occurred mos.____ds. statement PHYSICIAN EV 2. FULL NAME PERMANENT RECORD. (a) Residence: No. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wrige the word) (Day) (Year) classified 5a. If married, widowed, or divorced BINDIN HUSBAND of BY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate Days If LESS than properl 7. AGE Years Months to have occurred on the date stated above, at FOR 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onset 8. Treda, profession, or particular THIS OCCUPATION kind of work dona, as SPINNER. RESERVED Jo SAWYER, BODKKEEPER, etc. may back 9, Industry or business in which should work was dona, as SILK MILL SAW MILL, BANK, etc..... 11. Totel time (years) on 10. Date deceased last worked et this occupation (month and spant in this that year) _____ occupation ... instructions Other Contributory Causes of MARGIN 12. BIRTHPLACE (city or town) (Stata or country) supplied. FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town) (State or country) carefully What tast confirmed diagnosis?_____ Was there an autopsy?. d HER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 16. BIRTHPLACE (city or town (Stete or country) Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT bluods (Address) OF 18. BURIAL CREMATION, OR REMOVAL Manner of injury CAUSE mation LION Nature of injury WRI 24. Was disease or Injury In a 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis CEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 6 1832				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A P	stated	CAUSE OF DEATH in plain terms, so that it may be properl	TION is very important. See instructions on back of certifica
7	HIS	pe	pe	Jo
IK V I	(T-)	pinoi	may	back
Į.	IN	sh	t it	on
T L	DN	AGE	that	ions
3	DI	Ti-	, S0	nct
746	NEA	pplied	erms	instr
M	I O	sul	in t	See
	ITI	Illy	pla	.:
	F	refu	in	tant
	LY	ca	TH	por
	AIN	l be)EA	im
	PL	onlo	FI	very
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1. PLACE OF DEATH COUNTY AND CITY AND COUNTY AND COUNT	STATE OF MARYLAND	CERTIFICATE OF DEATH 03674
Wilage or City Length of residence in city ar long where deetly occurred Length of residence in city ar long where deetly occurred Length of residence in city ar long where deetly occurred (a) Residence: No. 16 PERSONAL AND STATISTICAL PARTICULARS S.S. XX 4. COLOR OR RACE S. SINKON/MARRED. WIDOVED OF ON DEVORCED (write ble world) So. J. If married, widowed, or divorced HUSSAND OR HUSSAND OR AND STATISTICAL PARTICULARS A COLOR OR RACE S. SINKON/MARRED. WIDOVED OF ON DEVORCED (write ble world) SO. J. T. AGE Veers Months Days If LESS than 1 dey	1. PLACE OF DEATH	UG UI
Wilage or City Langth of residence in city ar towy where deetly occurred Langth of residence in city ar towy where deetly occurred Langth of residence in city ar towy where deetly occurred Langth of residence in city ar towy where deetly occurred Langth of residence in city ar towy where deetly occurred Langth of residence in city ar towy where deetly occurred Langth of residence in city ar towy where deetly occurred Langth of residence in city ar towy where deetly occurred Langth of residence in city ar towy where deetly occurred Langth of residence in city ar towy where deetly occurred Langth of residence in city are towy and such as the city of town and State PERSONAL AND STATISTICAL PARTICULARS S. S	County Allegany. City	imits Registration Dist. No.
Citi dash occurred in a hospial or institution, give its NAME intended of street and number? 2. FULL NAME A COLOR DR RACE S. SINCLE/MARRED, WIDOWED S. II MARRIEL, Widowed, or divorced HUSSAND or Grow Divorced HUSSAND		0 + 0
2. FULL NAME AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLY MARKED, WIDOWED. OR PHORED Verile Word? S. II married, widowed, or divorced HISBARD of (Co) Wilf of (Co) Wilf of S. DATE OF BIRTH (month, dev, end year) S. DATE OF BIRTH (month, dev, end year) S. Treet, profession, or perticular S. West of months S. West S. Months II LESS than I dev,	(Ir	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 1 (C) unlpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR WORKED (wine be word) 5. If married, wildowed, or divorced (cr) WIFE of (cr) WIFE of 7. AGE Veers Months Days If LESS than I dey	Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE/MARRIED, WIDOWED. OR DY ORCED Currick ple world) World HUSBard (Get) 1. DATE OF DEATH (Month) (Dey) (Teet) 1. DATE OF DEATH (DATE OF DEATH (Month) (Dey) (Teet) 1. DATE OF DEATH (DATE OF DEATH (Month) (Dey) (Teet) 1. DATE OF DEATH (Month) (Date of course of the dete seteled above, et	2. FULL NAME Charles ragar	Sibling
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE/MARRIED, WIDOWED. OR DY ORCED Currick ple world) World HUSBard (Get) 1. DATE OF DEATH (Month) (Dey) (Teet) 1. DATE OF DEATH (DATE OF DEATH (Month) (Dey) (Teet) 1. DATE OF DEATH (DATE OF DEATH (Month) (Dey) (Teet) 1. DATE OF DEATH (Month) (Date of course of the dete seteled above, et	(a) Residence: No. 26 ON	St., Ward.
3. SEX 4. COLOR OR RACE OR DYORCED (comit by word) 5. 11 married, widowed, or divorced HISSAND of (A) WHE SIX MANKE 1 married, widowed, or divorced HISSAND of (A) WHE SIX MANKE 1 married, widowed, or divorced HISSAND of (A) WHE SIX MANKE 1 married, widowed, or divorced HISSAND of (A) WHE SIX MANKE 1 married, widowed, or divorced HISSAND of (A) WHE SIX MANKE 1 married, widowed, or divorced HISSAND of (Month) (Dey) (Yeer) 22. I HEREBY CERTIFY, Thet I ettended decessed from 19. , to. , 19. , death is seld to heve occurred on the dele steled above, et. , m. The PRINCIPAL CUSE OF DEATH and related course of importence were es follows: Were es follows: SAVYER, BDOKKEPER, etc. 23. Industry or business in which work were done, es SILK MILL, Work were done, es SILK MILL, Work were done, es SILK MILL, SIRTHPLACE (city or town) (Seles or county) 24. IS, MANKE 14. BIRTHPLACE (city or town) (Seles or county) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Seles or country) 17. INFORMANT (Address) 18. BURTHPLACE (city or town) (Seles or country) 18. BURTHPLACE (city or town) (Seles or country) 19. Whet test confirmed diagnosis? Was there en eulopsy? 23. If deeth wes due to externel ceuses (VIOLENCE), fill in also the following: Accident, suicide, or homicide? 18. BURTHPLACE (city or town) (Seles or country) 19. Whet deit onjury Where did injury occurred in INDUSTRY, in HDMK, or in PUBLIC PLACE Menner of Injury Menner of Injury Menner of Injury Menner of Injury 19. UNDERTAKER 19. The REBY CERT IFY, Thet I ettended decessed from 19. 19. Index how every the select above, etc. 19. Index how every the public place and the select above, etc. 19. Index how every the public place and the select above, etc. 19. Index how every the public place and the pub	(Usual place of abode)	
Sa, If married, victowed, or divorced HUSSAND of Copy (Yeer) Sa, If married, victowed, or divorced HUSSAND of Copy WIFE o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of 8. DATE OF BIRTH (month, dey, end year) 7. AGE Yeers Months Days If LESS than 1 dey, hrs. or min. 1 dey, hrs. or min. 2 S. Trede, profession, or perticular for min. 8. DATE OF BIRTH (month, dey, end year) Mind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 10. Date decessed lest worked etc. 10. Date decessed lest worked etc. 10. Date decessed lest worked etc. 11. Total time (yeers) spent in this occupetion (months and year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, GRENATION (IS AEMOVAL Prices Price 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	male White made word)	aprel 28 (?) 1933 2
6. DATE OF BIRTH (month, dey, end year) 7. AGG 7. AGG 7. AGG 8. Trede, profession, or perticular kind of work done, es SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; as SPINNER, SAVER, BODNEEPER, etc. 9. Industry or business in which was come; and saver	HUSBAND of	22 I HERERY CERTIEV That I attended decessed from
6. DATE OF BIRTH (month, dey, end year) 7. AGG 8. Trede, profession, or perticular 8. Aread, nor perticular 9. Industry or business in which 8. Aread, nor perticular 9. Industry or business in which 8. Aread, nor perticular 9. Industry or business in which 8. Aread, nor perticular 9. Industry or business in which 8. Aread, nor perticular 9. Industry or business in which 8. Aread, nor perticular 9. Industry or business in which 8. Aread, nor perticular 9. Industry or business in which 8. Aread, nor perticular 9. Industry or business in which 10. Date defonset 10. Date defonset 10. Date defonset 11. Total time (yeers) 9. Industry or business in which 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CRENTPON (aparther) 19. Where did injury occur? 19. Where did injury occur? 19. Where did injury occur? 19. Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 19. Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 19. Where did injury occurred in INDUSTRY, in HDME, or in P	(or) WIFE of	
7. AGE Yeers Months Days If LESS than I dey	S DATE OF DIPTH (month day and year) BA A 1890	
1 dey. hrs. or. min.		
8. Trede, protession, or perticular SAMYER, BOCKREPER, PINCER SAWYER, BOCKREPER SAWYER, BOCKREPER, PINCER SAWYER, BOCKREP SAWYER, BOCKREPER, PINCER SAWYER, BOCKREP SAWYER, BOCK		The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence
Sind of work done, ess SPINNER, SAWYER, BUNKEFER, etc. 9. Industry or business in which work wes done, ess SPINNER, SAWYER, BUNKEFER, etc. 10. Date deceseed less worked et this occupetion (month and yeer) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 17. INFORMANT 18. BURIAL, CRENATION (ID-REMOVAL Piece of (Address) 18. BURIAL, CRENATION (ID-REMOVAL Piece of (Address) 19. UNDERTAKER 19. TARLED 19. UNDERTAKER 19. TARLED 19.	8 Trade profession or particular	Date of onset
Dither Contributory Causes of importance:	kind of work done, es SPINNER, LAFTLE	- Sanamara - Caramara
Dither Contributory Causes of importance:	9. Industry or business in which	in folomac hunds!
Dither Contributory Causes of importance:	SAW MILL, BANK, etc.	
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(Stete or country) 13. NAME	12 BIOTHEL ACT (site or town)	Other Contributory Causes of importence:
14. BIRTHPLACE (city or town) Name of operation Dete of		
14. BIRTHPLACE (city or town) Name of operation Dete of	13. NAME Charles Sitten	
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION AD REMOVAL Plece 19. UNDERTAKER (Address) 23. If deeth wes due to externel ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Dete of injury Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. Menner of Injury Neture of injury 19. UNDERTAKER (Address) 20. FILED 10. The property of the public place of the	(Stete or country)	
Accident, suicide, or homicide? Dete of injury 19 19 19 19 19 19 19 1	I 15. MAIDEN NAME mineral Weekl	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Address) Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. (Address) Menner of Injury Neture of injury 24. Wes diseese or injury in any way releted to occupetion of decessed? (Address) 15 so, specify (Signed) (Signed) (Signed) (Signed)	16 RIPTHDI ACE (city or town)	
17. INFDRMANT (Address) 18. BURIAL, CREMATION OF REMOVAL Plece St.		Where did injury occur?
18. BURIAL, CREMATURING REMOVAL Plece In the Interpretate Property of Injury 19. UNDERTAKER In the Interpretation of decessed? (Address) 20. FILED May 17, 1937 Standard Property (Signed) and Interpretation of decessed? (Signed) and Interpretation of decessed? (Signed) and Interpretation of decessed?		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
Plece St. In has Combete Many 17, 1932 Neture of injury 19. UNDERTAKER Annio Stein 9 900 24. Wes diseese or injury in any way releted to occupetion of decessed? (Address) 20. FILED May 17, 1937 Standard Organia (Signed) and the first of the company of the c		Name of Laboratory
20. FILED May 17, 1934 Stanney of Deux (Sighed) Carvery of Thee and Cocal Mora		
20. FILED May 17, 1937 Starmey 1 Drews (Signed Varuery) 1 Tree as foral more	To other than the same of the	
20. FILED / July 192	(Address) Combuland	The well hilly details
	20. FILED May 17, 1937 STANNLY N. Registrar.	1) Dispersion

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City COLLAND	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Mohth) (Day) (Year)
(Month) (Day) (Year)	that I late of by falve on 192 , 192
7 AGE If LESS than I day hrs. or min.	and that death course of the date stated shove, at
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Premalike brill
which employed or (employer)	Contributory Secondary (Dusting) , mos
10 NAME OF SAYYY SILES	(Siented) 19-1932 (Address) SIS MAN MA
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER // MUNICIPALITY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant)	if not at place of death? Former or usual residence
(Address) Echnart-	Eckfact execute DATE OF BURIAL
Filed 1902 NA.O ma Zane Registrar	Stary Sites accept accept accept and
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healther," etc., without more precise specification as Loy loborer, Farm loborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (o) Solesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationory fireman, etc. But in many

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway troin or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY lelanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

should state

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03676
1. PLACE OF DEATH WITHIN CORPOR	(108)
County Alle gang	Registration Dist. No.
Village or City Burnberland	No. 723 Marylandan St. 6-1 Ward
	death occurred in a hospital or institution (five its NAME instead of street and in laber) ds. How long In U.S. if of foreign birth?
V / / ///	
	small.
(a) Residence: No. 1723 Insulation of Ave	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH DI
male While Wilder Wilder	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of las week	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quant 14 1866	I last saw h alive on Of 1/2 19.92; death is said
7. AGE Years Month Days If LESS than	to have occurred on the data stated above, atHQm.
6.5 9 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	4 Nas Portumonia 3-26-3
SAWYER, BOOKKEEPER, etc.	
d Judustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Was 39cc	Other Contributory Causes of Importance:
(State or country)	
13. NAME John Speasson	
14. BIRTHPLAGE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Mary Corgrane	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town). (State or country)	Accident, suicida, or homicide?
The Market of the Control of the Con	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT IN IT amoon Charles (Address) Barry Las Dans College What	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hullest Oate april 5., 1932	Natura of injury
19. UNDERTAKER Franco Offician Enne	24. Was disease or injury in any way related to occupation of deceasad?
(Address) Combal and md	If so, specify
20. FILEDafify 190 Hame INDE	(Signed) M. D.
Registrar.	(Address) - Carrother Land

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased and retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULKAT V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage AAY 6 1922	July 5,1927	Peritonitis	3 days ago
8 V IIAZAU8	,1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		ECEIVE	31
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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	item	she	Jo.	
•	LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	TH in plain terms, so that it may be properly classified. Exact statement of	
MARGIN RESERVED FOR BINDING	PERMANENT	EXACTLY	ly classified.	to
FOR	IS A I	stated	proper	rortifica
OF C	HIS	be	be	of.
RESERVI	IG INK-T	AGE should	that it may	nortant Saa instructions on back of cortificate
MARGIN	UNFADIN	supplied.	n terms, so	oo incfructi
A	WITH	efully s	in plair	S. tue
	LY,	car	TH	hort

STATE OF MARYLAND—CERTI FICATE OF DEATH state 1. PLACE OF DEATH County Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?. 2. FULL NAME (a) Residence: No. (Usual place of abode) If no resident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 193 (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated ebove, at 1 day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min Date of onset 8. Trade, profession, or parlicular OCCUPATION kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation ... Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTIPLACE (city or town (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 16. BIRTHPLACE (city or town) (State on country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of Injury Nature of injury matio LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.

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Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
	11.40,1,10.00	Audit Dorston Bed	1 year

BINDIN

FOR

MARGIN RESERVED

S. No.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation B.—WRIT

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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	WITHIN CORP	82·a	4/
County Celleg	THIN CURPO	Registration	Dist. No/
Village or City Call	La co	No. Manufactured in a hospital optimitation, give its NAN	St., 6 - 4 Ward
Length of residence In city or town where		ds. How long in U.S. if of foreign birth?	
2. FULL NAME	em Waller		
(a) Residence: No. J'lun	(Usual place of abode) Gara	St., Ward. Market	nt give city or lown and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	193 2 (Year)
5a. If married, widowed, or divorced		(month)	(toay)
HUSBANO of Storge	M. Walker	22. I HEREBY CERTIF	Y. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	me 1 1865	I last saw have elive on	1.7 ,192 2; death is sai
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	m.
66 10	ormin.	The PRINCIPAL CAUSE OF DEATH and related cea were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	Hmsskufer.	Cerebral Hu	sonlage
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	W.	Other Contributory Causes of Importance	,
1 0 . 1	Lloyd	High Blood Pre	
13. NAME / LANGE (city or town)	, , ,	Name of operation	Date of
(State or country)	rol.	Whet test confirmed diagnosis?	Was there an autopsy?
15. MAIOEN NAME Dropes 16. BIRTHPLACE (city er town) - (State or country)	m	23. If death was due to external causes (VIOLENCE)	fill In also the following:
16. BIRTHPLACE (city er town) (State or country)	tammy.	Accident, suicide, or homicide? Where did Injury occur?	
17. INFORMANT	llser.	(Specify city Specify whether injury occurred in INOUSTRY, in h	or town, county and State) HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	J. Oate Apr. 19, 19.32	Manner of injury	
19. UNOERTAKER Zmis Sta	in Inc	24. Was disease or Injury In any way releted to occu	upation of deceased?
20. FILED Stal 19, 19 Plan	med Press	tf so, specify (Signed)	Euro
	Registrar.	(Address) Af Z	untel of so

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	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 63682
1. PLACE OF DEATH	(3)
County allegans	Registration Dist. No. 24
Village or City Kyfost Fung	No. Munus) for full St., W (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town whase death occurredyrs,	os. How long in U.S. if of foreign bitch?
2. FULL NAME John Wash	noton
(a) Residence: No. 039 Fust	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCIF MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
male Colored or DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Teet
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That attended deceased
6. DATE OF BIRTH (month, day, and yeer) 1855	I last saw the alive on april 13, 1932 death is
7. AGE Years Months Days If LESS than I dey,hrs	to heve occurred on the date stated above, at 2 1/3 /-m.
ornin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Wal Murge SAWYER, BOOKKEFPER, etc	Thomas repliets ?
work wes done, as SILK MILL, SAW MILL, BANK, etc 10. 'Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) fampalire Co (Stete or country)	Other Contributory Causes of importance:
I Control of the second	Sand
4. BIRTHPLACE (city or town)	Neme of operation Date of
15. MAIDEN NAME JANKINGS	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city er town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Ted Salphing Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Frolling	Manner of injury
Place Meg Olm Dete 193	Nature of injury
19. UNDERTAKER A Just (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 1/4, 1932 NHO, MC & Com	(Signed)
Registrar.	(Address)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

of OCCUPA-

Exact statement

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STATE OF	MARYL	AND-CERTIFICATE OF	DEATH
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1,46,62

1.	PLACE OF DEAT	гн			122.00			
	County All			HIN CORPO	RATE LIMITS	Registration D	Dist. No.	4
	Village or City Cu	mberlan	id. Md			y Hospital		Ward
	Length of residence In cit	ty or town whera	daath occurred		death occurred in a hospital or in			
2			D.Wees					
	(a) Residence: No.	423.F	·.Ave		St. Ward.			
25-30-30-30-30-30-30-30-30-30-30-30-30-30-			(Usual place		If nonresident give city or town and State			
9 00	PERSONAL AN				21. DATE OF DEAT	CERTIFICATE		
Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				21. DATE OF BEAT	Apri.	1.25.193 (Day)	2 , 193	
5a. 11	f married, widowed, or dive HUSBAND of (or) WIFE of	rced. L. Wee	ese		22. I HERE!	BY CERTIFY		
6 D	ATE OF BIRTH (month, day	and veer)	Mar.7	.1877	I lest saw h. L. alive on	april 24		; death is said
7. AC		Months	Days 18	If LESS than 1 day,hrs. ormin.	to have occurred on the date of the PRINCIPAL CAUSE OF Diverte as follows:			
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				Incumonia -	Colluving	extend	Date of onset
OCCUPATION	9. Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc.				Amin -	inear		
000	10. Date deceesed lest wor this occupation (mo year)	nth and	spa	ime (years) nt in this upation				
12. F	BIRTHPLACE (city or town) (State or country)		Wva		Other Contributory Causes of	Importence:		
	13. NAME Jobe	. Shell						
프	14. BIRTHPLACE (city or to (State or country)	own)	- 		Name of operation Luper What test confirmed diagnosis	- J Remi		4-14-3= n autopsy? No
ER	15. MAIDEN NAME	Mary G	rove		23. If death was due to externa			
MOTHER	16. BIRTHPLACE (city or to (State or country)	own)			Accident, suicide, or homicide			
17, 1	NFORMANT I . I . I . (Address)	- Weese	Junuerla	ınd. ma	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		ate) 'LACE.	
18. E	BURIAL, CREMATION, OR Place	REMOVAL 1110.	IIVa Apr	ril.27.32	Manner of Injury			
19. (ohn.C.Wo			24. Was disease or Injury In a		ation of deceased?	w
20. F	versel 37	1932 196	ruey O	Moderna de Registrar.	(Signed) NeB	Perfora	A. Vile	м. с
ake		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore	, Requesting U. S. No.	1.	

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and the second s	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributers causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

N. B. - WRITE

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE C	F MARYL	AND-C	CERTIFIC	CATE	OF	DEAT
--------------------------------------	---------	---------	-------	----------	------	----	------

6.9000

1. PLACE OF DEAT	Н				(NG)		02004
County ALLI		WITH	IN CORPOR	ATE LI	WILE @	Registration Dist	No. 4
		a ma		No	Wamazas		1-11-
Village or City							lead of street and number)
Length of residence in city	or town whera de	ath occurred	yrsmos	. 8 ds.	How long In U.S. if	of foreign birth?	yrsmos
2. FULL NAME	Ephriam	Weimer	9				
(a) Residence: No	Rockwood		.,.,.,	St.,	Ward.		16
PERSONAL AND	STATISTIC	(Usual place of		y .	MEDICAL O	CERTIFICATE O	E DEATH
		5. SINGLE, MARK		21. DAT	TE OF DEATH		
Male W	nite		(write the word)			April	(Day) 18, 193 2
 If married, widowed, or divorce HUSBAND of 				22.	IHEREB	Y CERTNEY	That I attended deceased
(or) WIFE of	Mrs. Gr	ace Wei	mer,	apr	. 13 —	1937, to	r. 18 ,193
6. DATE OF BIRTH (month, day,	and year) Ji	ulv	1. 188	1 last saw	halive on	apr 181	, 193 2; death is
7. AGE Years	Months	Days	If LESS than		ccurred on tha date sta	/	
510	9	11	1 day, hrs. or min.	The PRING	CIPAL CAUSE OF DEA	ATH and related causes of	10.1
Trada, profession, or parkind of work done, as	CDIMNED				Lave	Caren	www.
SAWYER, BOOKKEEP	ER, etc	LABORER	-Miner	04	Calou	atpell	vie
work was done, as SII	LK MILL,			01	ru, -	work	leteou
O 10. Date deceased last work	ed at	11. Total ti	me (yaars)	dere	and	obelsueli -	1
this occupation (mont year)		Occu	tin this pation	600 6	ntributer Causes of im.		
12. BIRTHPLACE (city or town)_				Chr	ally all	surated	shueste
(State or country)	PENNSYL	VANIA,		100	apea	rent ag	e D
13. NAME S	YRUS WE	IMER,		100	istuu	etion /	0
13. NAME S	n)	T A RT T A		Name of o	operation Zyan	uru Eu	Leo Politica
(State of Country)	PENNSYL	VANIA,		What test	confirmed diagnosis?.		Was thera an autopsy?
15. MAIDEN NAME T	RUSILLA	BAKER				auses (VIOLENCE) fill In	
15. MAIDEN NAME T	n)PENIN	SYLVANI	Α			Oate	of injury, 19.
(State of County)				1	d injury occur?	(Specify city or tow	n, county and State)
	MORIAL UMBERLA		ويل	Specify w	hether injury occurred	in inoustry, in Home,	or in PUBLIC PLACE.
18. BURIAL CREMATION, OR RE		ND, ND.	1	Manner of	f interv		
Place Losper	oudVa	Date Copen	1 20,1932				
95	13,	1100				way related to occupation	
19, UNDERTAKER (Addrass)	and red	and	mid	If so, spe		1	A
ahilog	Alas es	1.0716	Muss	(Sign	/0' 7	Haw	tems
20. FILED (19 19 19 19 19		alf. A. S.	Registrar.	-	(Address)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	Example I				
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
1 week ago	Attack of epilepsy	1915	Arteriosclerosis			
1 week ago	Run over by street ear	1921	Chronic interstitial nephritis			
3 days ago	Peritonitis	July 5, 1927	Cerebral hemorrhage			
			The state of the s			
	Other contributory causes of importance:		Other contributory causes of importance:			
1 year	Gastroenteritis	May 1,1923	Gallstones			
		May 1,1923				

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03685
1. PLACE OF DEATH	(3)
County alleasmy. WITHIN COR	PORATE LIMITS Registration Dist. No.
Village or City Comments	No. 316 Press Jesse St., 6 - Ward death occurred in a hospital or institution, girl its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Throng D. Welsh	eno.
(a) Residence: No. 316 Printe Jung	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or avorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
60	Hast saw heir alive on about 17 1932 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 2 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related pauses of importance
8. Trede, profession, or particular	were as follows: Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	miso Cardial Decouration 1931
Industry or business in which	agricular filmed ature 1931
work was done, as SILK MILL, BAK, etc BLORy.	The state of the s
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) mumoling	
(State or country)	
13. NAME Child H. Welshamo 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
80 024 12.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Hellerish um Date Upr 70, 1932	Neture of injury
19. UNDERTAKER Assis Stein Inc	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILEDELENI 19 So Paruel & Merca)	(Signed) M. D.
20. FILEBOARD Registrar.	(Address) 21 3 Va. all musherland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLAINLY,

	1. PLACE OF DEA	TH (ity Lim	ts	——— (3)	(, (,
	County	llegany			Registration Dist. No.	
	vinage of Gity	umberlai		(II)	No. St.,St.,St.,St.,	
	2. FULL NAME	John.	W.Willi	son.		
	(a) Residence: No.	Cumber	land (Usual place	d. Rout 3	St., Ward. If nonresident give city or town and Stat	te
	PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.		or or race		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 23, 1932, 19 (Month) (Day))3
5a	If married, widowed, or div. HUSBANO of Jary (or) WIFE of	orced · M · Nill	igon.		22. A HEREBY CERTIFY, That I attended dece	
6.	OATE OF BIRTH (month, da	y, and year) $N \circ$	v. 20.1	848	I last sawhere alive on afr >3 / 1932; de	eath is seld
7.	AGE Years 83	Months 6	Oays 3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	ate of onset
OCCUPATION	8. Trade, profession, or p kind of work done, SAWYER, BOOKKE 9. Industry or business in	as SPINNER, EPER, etc n which	Re Farm	tired er	Constrol Necsonhorp a	32
OCCUF	work was done, as SAW MILL, BANK, 10. Oate deceased last wo this occupation (mo year)	rked at onth and	spe	time (years) ent in this		
12	BIRTHPLACE (city or town) (State or country)		Md	upation	Other Contributory Causes of importance:	-y
2		mes. Wi	llison.			
FATHER	14. BIRTHPLACE (city or to (State or country)			Md	Name of operation Date of What test confirmed diagnosis? Was there an autop	nev?
ER	15. MAIDEN NAME	Annie.	Twigg		23. If death was due to external causes (VIOLENCE) fill in also the following:	735
MOTHER	16. BIRTHPLACE (city or to (State or country)	own)	Md		Accident, suicide, or homicide? Date of injury Where did injury occur?	., 19
17.	. INFORMANT T. J	.Dawson	-777		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR I		OateApri	1.26,1933	Manner of injury	
19	UNOERTAKER	ohn.C.W		d.	24. Was disease or injury in any way related to occupation of deceased?	
20	FILED Stelle 6.	1937 Da	reres A.C.	russ	(Signed) Show by form	M. D

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3801

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state E PIAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. B.—WRIT

V. S. Mo. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	17
1. PLACE OF DEATH	11/2	
County allegary	Registration Dist. No.	
1/-/1	NoSt,	
(h ()//	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Allary Jarry	NSon	
(a) Residence: No. Styfnamb / emacl (Uayel place of abode)	If nonresident give city or town and Sta	nte
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Opril 7th (Day)	93 2 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended dec	ceased from
6. DATE OF BERTH (month, day, and year) July 30, 1982	I last saw he alive on april 7th ,1932;	jeath is said
7. AGE Years MoAth's Days If LESS than 1 day, hrs. or or min.	have se follows.	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, Asserber SAWYER, BOOKKEEPER, etc.	Influeya n	coul 27.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
O 90 Date deceased last worked at this occupation (month and year)	Other Contributery Causes of importance:	
12. BIRTIPLACE (city or town) Atlanyland (State or country)	1 Binutio breumonia M	ent 29-34
13. NAME Benjamin ashbany	36	
13. NAME Denganting ashbany 14. BIRTHPLACE (city or town) - Casacronia (State or country)	Name of operation Dete of What test confirmed diegnosis? Was there en eulo	2
15. MAIDEN NAME Parala Green horn	23. If death was due to external causes (VIOLENCE) fill In also the following:	psy!
15. MAIDEN NAME Sarah Green Chare 16. BIRTHPLACE (city or town) Mary Cara (State or country)	Accident, suicide, or homicide? Date of injury	., 19
17. INFORMANT And Levige ashvaring	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	
18. BURIAL, CREMATION, OR BEMOVAL PIECE ARK HILL accepting Date (April 19 32)	Manner of injury	
19, UNDERTAKER A GICKLING AND	24. Wes diseese or Injury In eny wey related to occupation of deceased?	
The state of the s	70 Wa O2 . #	M. D.

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21/10/10/00/10/10/10	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neghritis MAY 4 1932	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage BURGALI	July 5,1927	Peritonitis	3 days ago	
V. 8. //				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Chronic interstitial nephritis MAN 6 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:	2 Name	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE chould be stated EXACTLY, PHYSI-that It may be proporly classified. Exact stlons on back of certificate. RECORD BINDI V, MARGIN RESERVED FOR Eact CAUSE CF DEATH in plain terms so COLYATION is very important. See instruc WITH UNFADING INK--THIS Cians shoul

1	1	03689
	PLACE OF DEATH	STATE OF MARYLAND
	County Allegant	CERTIFICATE OF DEATH
	Put OD	Registration Dist. No.
	Village or Civil Welley (No. 2FULL NAME Villey N. C.	St.: Ward) (If d-ath occurred In a hospital or institu- tion, give Its NAME II - stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVOCATIONS (Write the word)	16 DATE OF DEATH Off . / (Month) (Day) (Year)
	6 DATE OF BIRTH 491 5.2 18/5/	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I hast saw have alive on aft . 7 , 1922,
	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at / 0. 5.04, m. The CAUSE OF DEATH * was as follows:
	OCCUPATION Trade, profession or Januer particular kind of work Tanuer	Cerebral Hemonhage
	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
	9 BIRTHPLACE (State or country) annaylvama	Contributory Secondary (Dyrstion), mosds.
6.0.	FATHER Jacob Yorker	(Signed) J. O. Walson M. D. O. J. (Address) Haveren Sul
	OF FATHER (State or country) Menory	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER achel Hendershot	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
	OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea.h?
	(Informant) Soldie / Elch	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
2	(Address) Cumberland Ma	20 physeriakor D St ADDRESS D
	Filed OM D 1932 J J Jacob Registral	Cosh Smith Ingle smith

If more b.anks are needed, addre.s Ltate Kegistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (res state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as Whooping tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is a permanently filed.

STATE OF MARYLAND	-CERTIFICATE OF DEATH 03690
1. PLACE OF DEATH	(94-0)
County allegenes	Registration Dist. No.
Village or City Consoler Consoler	No. / O O Farther to St., 6-3 Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME JOSH / M. york	O
	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 1/1 0
Male While married	(Month) (Day) (Yaar)
5a. If married, widowed, or divorcad HUSBAND of	1 HEREBY CERTIFY July + attended deceased from
(or) WIFE of Collen & Colory	March 7 1932 to Chro 2 1932
6. DATE OF BIRTH (month, day, and year) Bully 29 1865	I last saw h. Lu alive on Africa 192; death is said
7. AGE Years Months Days If LESS than	lo have occurred on the date stated above, alm.
66 8 5 1 day,hrs	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Englished	Chronic
SAWYER, BOOKKEEPER, elc.	MAUDEAN ATE
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, elc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at 11. Total time (years)	729
Date deceased last worked at this occupation (month and year)	
4 - 7	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or lown) 2014 4 0 Cc (State or country)	aligne men
	12000000
±1	Name of acception
14. BIRTHPLACE (city or town) (Stala or country) Wat VA	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME don't known	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or lown)	Acciden1, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Coffen Jast	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury 200
Place Hillyrest Date Offil 6, 193.	
19. UNDERTAKER Perso Stein France	24. Was disease or injury in any way related to occupation of deceased? ///
(Address) Combuland and	If so, specify 1111 20
20. FILED Clarify, 1932 Registrar.	(Signed) M. D. (Address) 33 3 2 3
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Section 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1932	July 5, 1927	Peritonitis	3 days ago
	BIIDWAIT TO			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year